01411 Reg. Dist. No.

Year

If institution: Residence before admission)

7			1	134	CEKTIFI		TIE OF D	CAI			Reg. [Dist. No).
	1.	PLACE OF DEATH					2. USUAL RESID	DENCE (WI	here deceased			ence befo	ore admissi
1			rundel		MARYLAN	1D	0.0	Marv	land	b. COUN		Aru	ndel
		b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	its, write	c. LENGTH OF STAY IN	1ь	c. CITY OR T	OWN (IF	autside corpo	rote limits, write	RURAL	d give ne	arest town)
	F		. Meade, Md		- Say Called St		X Oder	iton.	Md				St. I
		d. NAME OF HOSPITA	AL (If not in haspital, g	give street	address)		d. STREET A					11.11	e. IS RESI
and a	U	S Army Hos	pital, Ft	Geo.	G. Meade, Mo	d	343-A P	atuxe	nt Ro	ad			YES [
	3.	NAME OF DECEASED	Fir	st	Middle		losi		4. DATE	N	lonth	Do	ay Y
		(Type or print)	Rob	ert	Alexander		Abell	L	OF DEATH	Fe	bruar	y l	5 1
μĤ	5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		B. DATE OF BIRTH			9. AGE (In year		-	IF UNDE
		Male	White	WIDOW	ED DIVORCED		Sept 12	1938		2 0 y	Months	Days	Hours
	10a	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR IN	NDUS	TRY 11. BIRTHPL	ACE (State	or foreign c	ountry)	12. (TITIZEN (OF WHAT
		none	ing lite, even it tenred	'	11111		100	Mar	rvlan	7		TI S	Δ
	13.	FATHER'S NAME					14. MOTHER'S			-		17.	
		Charles	Thoma	q			Rose	(11)	nknow	n)			
-			IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	17. IN	FORMANT	- 14	THE THE PARTY OF T	-	ddress		
1	1	s, no, or unknown)	It yes, give war or dates of s	1 1	unknown	7\/	rs. Vii	rein	ia W	idener		Same	Ac
		18. CAUSE OF DEA	TH [Enter only one co		ine far (a), (b), and (c).]	- 14			4,64	14401101	•	INT	ERVAL BET
35%	1	PART I. DEAT	TH WAS CAUSED BY:	,	Head Injuries							ON	SET AND
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		gave rise to in	nmediate (OLOHOO LE ACI	لالمال							miedr
		couse (a), stating t lying couse lost.	ne under-										
	Z	PART 11. OTH			CONTRIBUTING TO DEATH	BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION (SIVEN IN P	ART 1(0)	19. WAS A
0	CATION												PERFOR
Н	CERTIFIC	20a. ACCIDENT WA	S UNDERLYING 🔯	20b. DES	CRIBE HOW INJURY OCCU	RRED	. (Enter noture of	injury in	Part 1 or Part	t II of item 18.)			
	8	(IF EITHER, NOTIFY	S UNDERLYING THE CAUSE OF DEATH MEDICAL EXAMINER)	Hea	d Trauma occi	חייו	d during	z Ant	o Acci	dent			
7	MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye	1100	NJURY OCCURRED 20e	. PLA	CE OF INJURY I	lome, form	1, 20f. (City	or town)	185	(County)	
12	WED	Hour o.m. p.m.	Feb 15 195	While		-	tory, street, office	bidg., etc		Meade	Anne .	Arun	del
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		ACTUAL	Lames to	1	Den		A.D. USAH				1		Fia
1		SIGNATURE	7			^	A.D. JOSEPH	CH-Me	O_U_MS	Sarred Thr			1.40_
1		PHYSICIAN'S NAME (Type)	AMES H GLE	NN	Captain M	C							
	220	BURIAL, CREMATION	N, 22b. DATE THEREC)F	22c. NAME OF CEMETER	YOR	CREMATORY		22d. LOCAT	ION (City, tow	n, or county	1	(Stote
		REMOVAL (Specify)	2/78/	50	Glen Have	n	Cemeter	rv	0.2	en Bur	nie	Ma	ם דער די
	23.	FUNERAL DIRECTOR	SIGNATURE //	17	ADDRESS		- 50 003	240. REC'	D BY REGIST	RAR 24b. RE	GISTRAR'S	SIGNATU	RE
V	10	clared 12	Secretitan	Gle	n Burnie,	Md	•	DATE FI	EB 2 4 '5	9	Irthur .	J. Tua	NA.
100	-		- ATA1277										

February 1959 IF UNDER 1 YEAR IF UNDER 24 HRS. E (In years t birthday) Months Days yrs. 12. CITIZEN OF WHAT COUNTRY? Address Same ener INTERVAL BETWEEN ONSET AND DEATH Immediate IDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO item 18.) vn) (County) (State) Anne Arundel V 1959 that I lost saw the deceased causes and an the date stated above. DATE SIGNED ity ar tawn, stote) City, town, or county) (Stote) Maryland 24b. REGISTRAR'S SIGNATURE DATE FEB 2 4 '59 Orthur S. Trava

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retain by the hospital or ottending physician.

I, the undersigned, certify that I Have picked up the remains of Robert A Abell on 15 Feb 1959 from the USAH, Ft George G Meade, Md. per Dr Faubert, county corner.

MARYLAND STATE DEPARTMENT OF REALTRED DIALYSAM

VS A15 (4) 15M 10/57

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may be retained by the haspital ar attending physician.	PUNERAL DIN DR: After this certificate has been signed by the attending physician and campletely filled in by in angral director.	page 3 should be relached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 1 d be filled with	1
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may be retained by the haspital ar attending physician.	-	SD	an,
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1435 **CERTIFICATE OF DEATH**

01412

- Ja	Reg. Dist. No.
	a. COUNTY COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) o. STATE COUNTY & COUNTY
	b. CTY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b CLTY OR TOWN (If outside corporate limits, write RURAL and give rearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print Catherinal Middle Mark 2 4 1959
	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years light britished) Months Doys Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done done done) (during most of working life, eyen/if retired) (Authority) (Authority) (Authority) (Authority) (Authority) (Authority)
1	13. FATHER'S NAME MOTHER'S MAIDEN NAME MOTHER'S MAIDEN NAME MOTHER'S MAIDEN NAME MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Have later was address that the second of services and the second of services are second of services and the second of services and the second of services are second of services and the second of services are second of services and the second of services are second of services and the second of services and the second of services are second of services and the second of second of services are second of se
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO
1	lying couse last. (c) Vascular description
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work at work 19 of work 19 o
	21. I certify that I attended the deceased from 102 1, to 2, that I last saw the deceased alive on 1921, and that death accurred at 102 M, from the causes and on the date stated above.
	ACTUAL SIGNATURE M.D. 10 - Ca Thron lown, stole) ACTUAL SIGNATURE M.D. 10 - Ca Thron lown, stole) DATE AIGHER M.D. 10 - Ca Thron lown, stole)
	PHYSICIAN'S NAME (Type)
	BEMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (City. tawn, or county) (State) 12-8-1959 (DMM Nesley Water Bury Maler
1	19. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS DATE 59 Continue Contin

ALL TROUBLE AS A MEMBER TO THE WISH VENUES THAT CHAPTER

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01413

CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE h COUNTY MARYLAND b. CIDEOR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN tif outside corporate limits, write RURAL and give nearest town) RURAMond give nearest town d. DIAME OF HOSPITAY (I) not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO NAME OF Middle 4. DATE Month Day Yeor DECEASED (Type or print) DEATH 19 J 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Hours DIVORCED [7 WIDOWED M 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, (County) (State) factory, street, office bldg., etc.) o. m. While Not while of work of work p. m. 1957 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 4 P alive an a M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 226. DATE THEREOF 220-BURIAL, CREMATION, 22 NAME OF CEMETERY OR CREMATORY 22d. JOCATION (City, town, or county) (State) EMOVAL (Specify) 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

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1. PLACE OF DEATH

ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

ALL COLL OF	may be reto	TO FUNERAL	page 3 shar	the registrar
1	S.	A19	55)

	MAKTLANI	1112	uu
	b. CMY OR TOWN (If outside corporate limits, write RURA) and give nearest town)	c. CITY OR TOWN (If outside corp	orate limits, write RURAL and give nearest town)
	Unnapolis	10 Chmak	oles
	d. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	5 3 Collage Que	133 Collay	Je Che YES NO NO
	NAME OF First Middle	Lost 4. DASE	Month Day Year
	(Type or print) Gessee Sruce	1 Saker DEATH	2- 10 1959
S.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 10 -	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
-	Temale White WIDOWED DIVORCED	June 26-1870	yrs. Manths Days Haurs Min.
10c	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN	DUSTRY 11. 8 RTHIPLACE (State or fareign	country) 12. CITIZEN OF WHAT COUNTRY
	Millenery Store	Imak	oles Mc 1, S. A.
13.	FATHERS NAME	14. MOTHER'S MAIDEN NAME	- 12
	alfred G. Saker	Charlotte	Druen
1S. (Ye		, INFORMANT	Address
		harles 7 dec	
	18. CAUSE OF DEATH [Enter only one cause per life for (o), (b), and (c).]	1) . 0	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1 amortonge	1/401
	420,0 DUE TO		101
	Conditions, if ony, which) (b) (Merro)	lessto feart	Wiseene /M.
	gave rise to immediate case (o), stating the under-		
	lying cause lost. (c)		
O.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
[€]			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Port I or Po	rt II af item 18.)
		PLACE OF INJURY (Hame, form, 20f. (Cit	(5.4)
MEDICAL	Hour o. m. While Nat while	factory, street, affice bldg., etc.)	y or town) (Caunty) (State)
3	p. m. 19 at wark at work	50 40	10 3
<	21. I certify that I attended the deceased from Tune	19. 19.0 / to 1 Let	161, 195 7, that I last saw the decease
~	13-11 10 11	1 2 1	, 17, mai i lasi suw me decease
A	alive on Jebi 101, 1959, And that dec	ath accurred at 125 M, fro	m the causes and an the date stated abave
A	6 Miles	ath accurred at 125 M, fro	m the causes and an the date stated abave
A	ACTUAL SIGNATURE CLUB (Market Signature Club)	ath accurred at 125 M, fro	m the causes and an the date stated above
V	ACTUAL SIGNATURE THE SIGNATURE PHYSICIAN'S	ath accurred at 120 M, fra	m the causes and an the date stated above
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) AMES BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETER)	m.b. 6 SHAW	m the causes and an the date stated above Street, city or town, state) Felt 10, 195
	ACTUAL SIGNATURE COLOR (MARTIN NAME (TYPE) DAMES RIMARTIN	m.b. 6 SHAW	m the causes and an the date stated above Street, city or lown, state) Felt 10, 195
220	ACTUAL SIGNATURE PHYSICIAN'S DAMES MARTIN BLIRIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	M.D. 6 SHAW COR CREMATORY 22d, COO 1 24g, REC'D 8Y REGIS	m the causes and an the date stated above Street, city or town, state) Jeff 10, 195 APOLIS MD, ATION (City, town, or caunty) (State)
220	PHYSICIAN'S DAMES RIMARTIN BLURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETER) REMOVAL (Specify) Tely 12-59 Collan 16	M.D. 6 SHAW COR CREMATORY 22d, COO 1 24g, REC'D 8Y REGIS	m the causes and an the date stated above Street, city or town, state) Felt 10, 195 APOLIS MD, ATION (City, town, or caunty) (State)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in a funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01415

	13	436 CERT	TIFIC.	ATE OF DEATH		R	eg. Dist. No.	. 1 - 0
1.	PLACE OF DEATH O. COUNTY Anne Aru	nde/MA	RYLAND	2. USUAL RESIDENCE (When o. STATE		. If institutions b. COUNTY	Residence befor	re admission)
	b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	vrite c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If ou	tside corporate lin	nits, write RURA	L and give nea	rest town)
L	Pumphied	4045	0	50 Bg/T1	12201	e 25	1 Sump	11104)
	d. NAME OF HOSPITAL (If not in hospital/give to OR INSTITUTION A VE	street oddress)		d. STREET ADDRESS	Ave			ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Beg + y	Midd	B	everly	4. DATE OF DEATH	Month Feb	Da ₁	Yeor 1957
5.		MARRIED NEVER MAR		8. DATE OF BIRTH 12 Nov 19.	1 2 9. AG last 4	2 2 2 2	onths Days	Hours Min.
10	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (State o	r foreign country)		12. CITIZEN O	F WHAT COUNTRY
L	FATHER'S NAME	Bere	11	14. MOTHER'S MAIDEN NA	AME /> 5.	dd/6		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 11. no. or unknown) (If yez, give wor or dates of service)		10. 17. 1	in Ita Ber	ellV:	Address 315-/	eyA	UP.
	18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (o)	per line for (a), (b), and (c	ona	ry Occh	sien.		INTE	RVAL BETWEEN ET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	Hypery	lens	sive Vasc	lar	0,500	sell	enf
CERTIFICATION	PART 11. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CON	DITION GIVEN	IN PART 1(o) 1	P. WAS AUTOPSY PERFORMED? YES NO.
	20a. ACCIDENT WAS UNDERLYING 20b OR CONTRIBUTING 20b CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in Pa	ort I or Port II of i	item 18.)		
MEDICAL	Hour o.m.	20d. INJURY OCCURRED While Not while at work at work	20e. PL	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tow	vn)	(County)	(State)
	21. I certify that I attended the dealive an 7 Feb, ACTUAL SIGNATURE CONCLUSION.	ceased fidin	at death	n accurred at 1 20 A	M, fram the DORESS (Street, ci	causes and	an the dat	tw the deceased te stated abave DATE SIGNEE
	PHYSICIAN'S Renold B L	Lighston.	Fr.	Balton	ore -2	5-91	mil	Per y
22	BURIAL CREMATION, 22b. DATE THEREOF	225 NAME OF CE	METERY O	R CREMATORY	22d. LOCATION W	styclawn, or co	Ourity)	(Stote)
1	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 7	WH	WING CERRY	1000	01	1114	*

VS A15 (4) 15M 9/55

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	10,000 (10,000) 10,000 (10)	

FOR STATE HEALTH DEPT.

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ol director. Page d by files. execute the complete, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral execute the complete, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be in part of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 5 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Bd or its designated agent, prior to buriol, cremotion, ar removal, and in any event within 72 hours after death.

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VS.	A1		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01416 Rea. Dist. No.

I. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Re	sidence before admission)
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL	and give nearest town)
Severna Park	ife time	X Same		
d. NAME OF HOSPITAL OR INSTITUTION (If not in has	A STATE OF THE STA	. STREET ADDRESS		e. IS RESIDENCE
Earleigh Heights Rd.		Sa me		YES NO
3. NAME OF First	Middle	Last	4. DATE Manth	Day Year
(Type or print) Edward Pev			OF DEATH February	
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 18.	DATE OF BIRTH	lost high-days	DER TYEAR IF UNDER 24 HRS.
M C WIDOWE	DIVORCED	4/12/	58 XØ yrs. Mente	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b. K	IND OF BUSINESS OR INDUST	TY 11. BIRTHPLACE (Stole	or foreign country) 12. (CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	None	TAYIG16H	Baltimore, Md.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
John Bey		Julia (Graham	
	SOCIAL SECURITY NO. 17. IN		Address	
(Yes, no, or unknown) (If yes, give wor or dates of service)				
Mβ	******	rs. Julia Be	y (mother)	
18. CAUSE OF DEATH Enter only one couse per line				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Chari	ed above recog	nition		Sudden
916.0 DUE TO				
Conditions, if any, which) (b)				
gave rise to immediate cause (a), stating the underlying DUE TO				
cause last. (c)				
Z PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERA	MINAL DISEASE CONDITION GIVEN IN P	ART I(a) 19. WAS AUTOPSY
ATR				PERFORMED?
TPRIMARY III or CONTRIBUTING []	HOW INJURY OCCURRED. (E	nter nature of injury in Po	rt I ar Part II of item 18.)	7400 1100
				ire.
	NJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, far. ry, street, office bldg., ele	m, 20f. (City or town)	County) (State)
Hour a.m. 2/12/50 19 While of we	Not while of tocto		Severna Park.	A A . Md .
21. I certify that I took charge of the				4444
opinion death resulted fram: Natural of			Homicide , Undetermined	-
opinion death resolved from: "Adioral"	doses [], Accident	_, Soicide [_],	Tromicide [_], Onderermine	u manner []
SIGNATURE Sustane Har	e Sun	CHIEF MEDICAL E	XAMINER [7]	DATE SIGNED
SIGNATURE TELECONO PE ALLE	2000	_ M.U.	CAL EXAMINER [7]	
EXAMINER'S			2/10/50	
NAME (Type) Gustave H. Faube:		DEPUTY MEDICAL	EXAMINER	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2-15-59	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or count	
	First Baptist		Earleigh Hghts.,	
23. FUNERAL DIRECTORS SIGNATURE	ADDRESS	240. REC	'D BY REGISTRAR'S	SIGNATURE
Jold Johnson, Unnapor	li oma	DATE	0 1 0 150	
	an file		B 1 6 '59 1 0 11 1	7 1

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01417 Reg. Dist. No.

	PLACE OF DEATH		109	MARYLAN	O. STATE		/here deceas	ed lived. If institu		nce bei	ore admis	sion)
ŀ	. CITY OR TOWN (If a ond give negret lown)		e RURAL	c. LENGTH OF STAY IN 1	78	NAT NAME OF TAXABLE PARTY.	autside corp	Same porate limits, write	RURAL and	give n	earest tow	/n)
	Severna P	onle		Life time	11×	Same						
-			If not in hos	pitol, give street oddress)		ADDRESS					e. IS RE	SIDENCE
	Marleigh H				1/	Same						NO TO
3.	NAME OF DECEASED	Fir	st	Middle	Lo	nt S	4. DATE OF	Month	1	Doy	Ye	ar
	(Type or printfuli	at Bey				12.7	DEATH	February	12		19	59
5. 5	EX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	8. DATE OF BIRT	TH		9. AGE (In years	IF UNDER	1YEAR	IF UNDE	R 24 HRS.
F	dine di	C	WIDOWE	DIVORCED	11/27/	54	4 75	foot birthday)	Months	Days	Hours	Min.
10a	USUAL OCCUPATION	N Give kind of work	dane 10b. K	IND OF BUSINESS OR IND	USTRY 11. BIRTHE	LACE (Slote	ar foreign c	auntry)	12. CITI	ZEN O	WHAT	COUNTRY
	luring mast of working None	life, even if relifed)	100		Earl	eigh H	eight	s.Md.	IJ3	16		
13.	FATHER'S NAME				14. MOTHER		(4)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,) 0	, EL		
	John Bey					ia Gra						
15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES2 14	SOCIAL SECURITY NO. 117	INFORMANT	.ta uta	LI CLIII	Address				
	, no, er unknown)	If yes, give war or dates of	service}			74 - D-	ww /					
=		No		None	Mrs. Ju	TIS De	A (mo	ther)				
	A STATE OF THE STA	H [Enter only one cau								ONSE	VAL BETWEE	IH III
	PARI I. DEAIF	f WAS CAUSED BY: MMEDIATE CAUSE (a)	Char	red above rec	ognition			100		S	uddei	n
	916.0	DUE TO										
	Conditions, if an											
	gave rise to immedi (a), stating the u											
	couse last.	(c)										
Z	FART II, OTHE			INTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 1	P. WAS A	UTOPSY
¥											PERFOR	
CERTIFICATION	200. EXTERNAL CAUS	SE WAS 20	b. DESCRIBI	E HOW INJURY OCCURRED	(Enter nature of	injury in Part	Lor Port II	of item 18 \			r3 []	NO IVI
183	PRIMARY 10 or CON'	TRIBUTING []										
3	20c. TIME OF INJURY	/ Month, Day, Yea	Was :	in bed on sec	ond floo	r when	home	caught o				45
MEDIC	Haur a. m.	, ,	While		actory, street, offic	e bldg., etc.)	207. (City	or rown)	(Cau	niyj		(Stole)
×	2.40 p.m.	2/12/59 19			Home			erna Parl		A.A		Md.
	21. I certify the	at I took charge	of the r	remains described a	bove, held a	n Autopsy	/ 🔲, Ir	rspection [],	Inquir	у 🔃	and	lin my
	opinion death r	esulted from: 1	Natural o	causes [], Acciden	t X, Suicio	de [], H	tomicide	. Undete	rmined n	nanne		
	1		10	11.								
	ACTUAL SIGNATURE	uction &	Hau	Level	M.D. CHIEF	MEDICAL EX	AMINER []				DATE SI	GNED
	STOTAL ORE 2					ANT MEDICA	L EXAMINE	R				
	EXAMINER'S NAME (Type) (7)	ustave H.	Fauber	rt.M.D		Y MEDICAL E			12/50			
220	BURIAL CREMATION			22c. NAME OF CEMETERY	OR CREMATORY	T	22d. LOCAT	TION (City, town, e	or county)		(State))
	REMOVAL (Specify) Burial	2-15-5	9	First Bapt	ist Cem			igh Hghi		d.	(3.5.0)	
23.	FUNERAL DIRECTOR'S			ADDRESS	234 00111		BY REGIST	7	STRAR'S SIG		E	
1	1301	, 1		1. m			1 6 '59					
	tild John	won fln	napo	les mas		DATE	10 33	One	1 8 3	Times		

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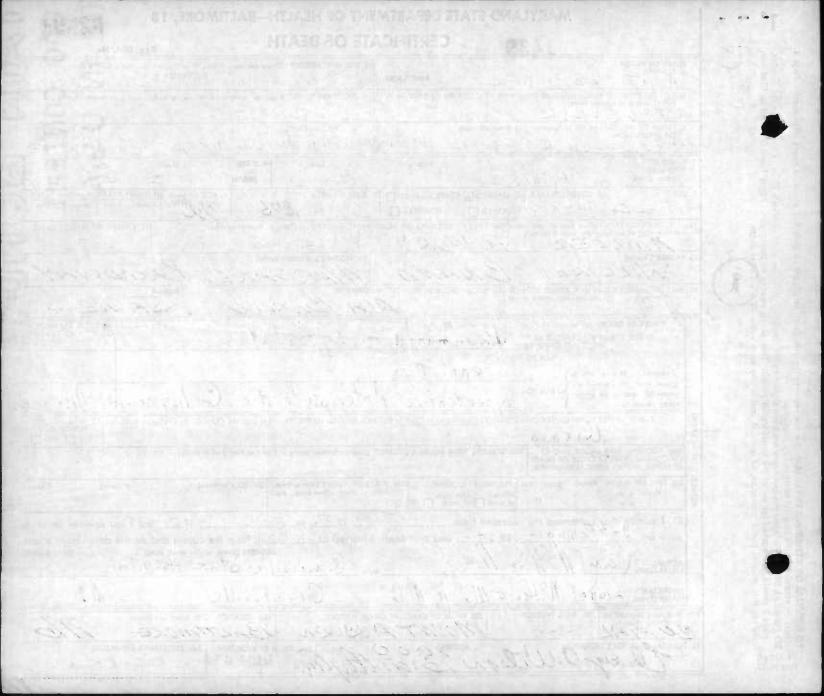
MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMOR	RE. 18
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9	5-1-59 et	10		1)	25	94
. #	ATE OF DEATH	-	Reg. Dist.	No.		
	2. USUAL RESIDENCE (Where deceased lived. If institute o. STATE, b. COUNT	W				,
	MAKARUKD	D	11 JH.			
	c. CITY OR TOWN (If outside corporate limits, write	RUR	07.1		- 0	
	BALTOMORE		3 V.C	-	- 4	
	d. STREET ADDRESS		(3, ***		e. IS RES	FARM?
14	1519-MIDLIFFUS		07		YES _	NO 🖾
	O C	onth		Day	_	Yeor
1		-		-/		195 4
	B. DATE OF BIRTH UOV 11, 1886 9. AGE (In year lost birthday)	1	Months Do	EAR lys	Hours	Min.
U:	TRY 11. BIRTHPLACE (State or foreign country)		12. CITIZE	N O	WHAT	COUNTRY
	VIRBINIA			03	1	
	14. MOTHER'S MAIDEN NAME	3	POAL	26	VA	74
et		ddres				
1	M BLAND.	5	AI	7	5	_
	- hypostatic				RVAL BE	
		ij				
A	rterioscleratie Cardio	Vê	ucul	31	Dis	edse
JT	NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN	IN PART 1	(o) 15		AUTOPSY RMED?
REI). (Enter noture of injury in Port I or Port II of item 18.)					
PL/ fac	ACE OF INJURY (Home, form, 20f. (City or town) tory, street, office bldg., etc.)		(Cou	nly)		(State)
J		_				

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	ANNE ARUNDEL MARYLAND	O. STATE APVLAND 6. COUNTY BALTIMORE CITY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	CP04/151/12 192 days	BALTOMORE 3VOI-4
	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
	CPOGNSILLE STATE HOSPITH	- 1519-MIULLIKENS CT VES INO E
3.	NAME OF First Middle	Last 4. DATE Month Day Yeor
	DECEASED (Type or print) CHARIES	BLAND OF DEATH Z =7 1959
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE NEGRO WIDOWED DIVORCED	UOV 11 1886 lost birthday) Months Days Hours Min.
10	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU.	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	MOLDER FOUNDRY	VIRBINIA USIT
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	WILLIAM BRAND	MARGARET DECADWAY
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	INFORMANT Address
L	200	DA GLAND SAME
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: PREWMONIS	- hypositatic ONSET AND DEATH
	11413 X DUE TO' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Conditions, if any, which) (b) PAI/ITY	
	gove rise to immediate couse (o), stoting the under-	
	lying couse lost. (c) Hyper Knsive 1	trieriose feroTie Cardiovascular Misease
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	. Clremia.	YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING CONTRIBUTION 206. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTION COLOR ADMINISTRATION OF COLOR OF CONTRIBUTION OF COLOR OF CONTRIBUTION OF COLOR OF	ED. (Enter noture of injury in Port I or Port II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) sclory, street, office bldg., etc.)
MED	Hour o. m. While Not while p. m. 19 work at work	the first state of the state of
	21. I certify that A attended the deceased from 1-1)	
	olive on 27 / bindry, 19591, and that death	/ M/?
	1 1 MiG/B 1/2/1	ADDRESS (Street, city or town) state) / DATE SIGNES
	SIGNATURE X COMMING MAN 1124	M.D. Crowksville State Hospital
	PHYSICIAN'S / MC/ MC/ MINN MD	
L	NAME (Type) LIONE / / HEATY / Idpp //)	Crownsville Md.
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
1	30 KIAL 3-2-59 MOUNTA	103ULN GALTIMORE 110
23.	FUNERAL PRECTOR'S SIGNATURE ADDRESS O O	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	(gray v. Wilson Bros	ON CALANTE MAR 1 0'59 Colling & Kenner



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VS A15 (4) 15M 10/57

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ter death.		uneral	ald he
4 haurs of		d in by	1 000 1
within 2		letely fille	Ponde
executed	à	dwoo put	20000 00
4: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4		ate has been signed by the attending physician and campletely filled in by	Then shows to be a second or second with the filed with
ne death c		ettending:	and alone
res that th		ed by the	conit The
ow requi	ling physician.	been sign	brancit no
4: The I	ling phy	ote has	hurria

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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		-	-	_	U

	1441	CERTIFICA	ATE OF DEATH		Reg. Dist.	No.
1. PLACE OF DEATH O. COUNTY ANNE A	RUNDEL	MARYLAND	2. USUAL RESIDENCE (Whe		COUNTY DIT	before admission) the
b. CITY OR TOWN (If outside corpor RURAL and give nearest town)	LE 5	TH OF STAY IN 16	c. CITY OR TOWN IT OU	Iside corporate limits,	, write RURAL and giv	e nearest lown)
d. NAME OF HOSPITAL (If not in ho OR INSTITUTION CROWNSU/L		HOSPITAL	d. STREET ADDRESS 938 N. Dus	fram 5	*	e. IS RESIDENCE ON A FARM? YES NO
	First LICE	Middle E	BUORER	4. DATE OF DEATH	Month	Doy Yeor 28 19 59
+ 2	R RACE 7. MARRIED 1	DIVORCED [8. DATE OF BIRTH 2-10-99	60	rthdoy) Months D	YEAR IF UNDER 24 HRS. ays Hours Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even it Kitchen Mark	f retired)	BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole o	r foreign country)		EN OF WHAT COUNTRY
13. FATHER'S NAME	Reed		14. MOTHER'S MAIDEN NA	my Boo	inks	
15. WAS DECEASED EVER IN U. S. ARN (Yes, no. or unknown) (If yes, give war or		SECURITY NO. 17. I	aspetal K	ecords	Address	
18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUS IMMEDIATE C	ED BY:	ui a	7	P		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), staling the underlying cause lost.	DUE TO Choruse	braine syn	Nous anon		ebralacter	smee 195
PART II. OTHER SIGNIFICAL 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF U [IF EITHER, NOTIFY MEDICAL EXAM	NT CONDITIONS CONTRIBU	eles melle	NOT RELATED TO THE TERMIN	IAL DISEASE CONDIT	ION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	DEATH	W INJURY OCCURRE	D. (Enter nature of injury in Pa	art I or Part II of item	18.)	
20c. TIME OF INJURY Month, D Hour a. m. p. m.	ay, Year 20d. INJURY O	t while fa	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(Con	unty) (Stote)
21. I certify that I attended alive on		7	accurred at 10 45/	M, fram the co	auses and an the	
ACTUAL SIGNATURE	selfen.		M.D. Prows	DDRESS (Street, city of	Hete Hor	potal
PHYSICIAN'S L. BE			Crow	polle	, mt	
220. BURIAL CREMATION, 22b. DATE REMOVAL (Specify)	5/59	AME OF CEMETERY O	Cem.	Medies	un U	(State)
Pandolala Loi	Elich-141	15. Press	DATE	BY REGISTRAR 24	Circling & H	

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	NAME TO ST		
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TOTAL CONTROL OF THE PROPERTY			HURSEN J. Gilver Forvis
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MARYLAND STAT	E DEPARTMENT	OF HEALTH—BALTIMORE,	18
1442	CERTIFICATE	OF DEATH	Por

		Reg. Dist. No.	
	1. [PLACE OF DEATH O. COUNTY ALLE Arundel 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admis o. STATE dry due b. COUNTY Thate	sion)
	ł	TOWN (If outside corporate limits, write c. LENGTH OF STAMN 1b c. CITTOR TOWN (If outside corporate limits, write RURAL and give nearest town BURAL and give nearest town	1,4
		OR INSTITUTION (10 HT) LO TT (1 C) TT (1 C) TT (1 C)	SIDENCE A FARM?
1		NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) A. DATE Month 2 Day 13	Year 19 59
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UND WIDOWED DIVORCED 10/23/23 9/3 / 9/3 / 9/3 Months Days Hours	Min.
		during nost of working life even it religed) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 112. CITIZEN OF WHA	LAD
	13.	Tack BRAWN	
	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17/INFORMANT	1-7
		(If yes, give wor or date as service) Records of Crownsynle Hate Hospi	tal.
		18. CAUSE OF DEATH [Enley only one couse per line for (a), (b)), and (c)) Yord rolld Interval BI ONSET AND IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c) IMMEDIATE CAUSE (c)	ETWEEN DEATH
		420.0 DUE TO Arterioscleratic Heart Disease	
-		gave rise to immediate	
		cause (a), stoting the <u>under.</u> DUE TO	
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN TO THE TERMINAL	DRMED?
	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a. m. 19 While Not while of work at	(State)
		21. I certify the last ended the deceased from 0000, 1950, to Vilian, 1955, that I last saw the	deceased
		alive on 19 70 and that death accurred at 10.30 MM, from the causes and an the date state	
	1	ACTUAL XWILL TOWN, STORE) CON WILL TO THE HOSPITO!	ATE SIGNED
		PHYSICIAN'S LICHER HENTY MAPP Crownsulle Md.	
	220	6. BURIAL, CREMATION, 22b. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county), (Star Durial 2-18-59 Salls; Malyreal Baltic Wife.	te)
	23.	FUNERALDIRECTOR'S SIGNATURE ADDRESS A SHILL LEGISTRAR 24b. REGISTRAR'S SIGNATURE LANGE DATE OF 16 159	

FE CERTIFICATE OF BEATH		
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		E.
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ARYLAND S	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

CERTIFICATE OF DEATH

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	14	12	CERTII	FICA	AIF O	F DEAT	Н		Re	eg. Dist. N	0.	
1. PLACE OF DEATH o. COUNTY	Anne Arunde	1	MARYL	AND	2. USUAL o. STAT Maryl		/here decease	ed lived. If b. (institution:	Residence be	fore odmis	sion)
b. CITY OR TOWN (I	If autside corporate limearest town)	its, write	c. LENGTH OF STAY I	N 1b		OR TOWN (IF						
d. NAME OF HOSPIT OR INSTITUTION	Olis FAL (If not in haspital, (give street	address)		d. STR	EET ADDRESS			1.00		e. IS RE	SIDENCE A FARM?
The Anne A	rundel Gen	eral	Hospital		1	Route	# 1,	Box	406-A		YES [] NO [
3. NAME OF DECEASED (Type ar print)	Jer		Middle T.vnn		D	last rown	4. DATE OF DEATH	TP = 1	Month	1	Day	Year 1950
5. SEX	6. COLOR OR RACE		RIED NEVER MARRIE	рП	B. DATE OF			9. AGE	n years IF	UNDER 1 YEA	R IF UND	
Female	White	WIDOWI		-	Febru		1050	9. AGE (last bi	rthday) M yrs.	anths Days	Hours 12	Min.
10a. USUAL OCCUPATIO		done 10b.	KIND OF BUSINESS OR	NDU!	STRY 11. BI	THPLACE (Store	e or foreign	country)		12. CITIZEN		
13. FATHER'S NAME					14. MOTI	HER'S MAIDEN	NAME					
15. WAS DECEASED EVE	ce Gilmer B R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.	11	NFORMANT	Carol	yn Jea Rt	. 1.	Box L			
762,5 Conditions, if a gove rise to i couse (a), stating lying couse last.	mmediate the under-	pi	ematurity			ED TO THE TERM	MINAL DISEAS	SE CONDIT	ION GIVEN	IN PART 1(o)	PERFO	ns
PART II. OTH	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter not	ure of injury in	Port I or Po	rt II of item	18.)		100	, NO _
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Doy, Ye	ar 20d. It While at war	_ Not while	20e. PL/ foo	ACE OF INJU tory, street,	JRY (Home, for office bldg., et	m, 20f. (Cit	y or town)		(County	′)	(State
	oot I ottended the 25 Feb James 1/		ed from 25 F	deoth	occurred	59, to lat U:20 A RIVER CLU	_M, from	the cou	19 <u>51</u> , the ses ond c or tawn, stot		te state	deceosed d obove TE SIGNEI
PHYSICIAN'S NAME (Type)	JAMES 1. HI	100501	u, In.			EDGEN	ATER				Mo.	
BETTAL Specify)	2/28/5	9	Glen Ha			orial	Gler	Bur			(Sto	te)
23. FUNERAL DIRECTOR' Hopping	and Krkl		Glen Burn	16,	Yna.	DATE M	AR 2	TRAR 24		AR'S SIGNATI		
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VS A15 (4) 15M 9/55 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1444

CERTIFICATE OF DEATH

Reg. Dist. No. 01444

1. PLACE OF DEATH O. COUNTY Anne Arunde/ MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Haryland b. COUNTY Anne Arunde/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FAREWRIE	c. CITY OR TOWN/If outside corporate limits, write RURAL and give nearest town) X Edge Water
d. NAME OF HOSPITALIII not in hospital, give street oddress) OR INSTITUTION A BOX 284	/d. STREET ADDRESS Rt 1 Box 284 e. 15 RESIDENCE ON A FARM? YES \(\sigma \) NO ((1)
3. NAME OF DECEASED (Type or print) Hargaret Elizabeth	Bull 4. DATE Month Day Year PLEB. 4, 1959
5. SEX female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-11-1883 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.) 7. Syrs. Manths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDU	Edgewater, Maryland U.S.A.
13. FATHER'S NAME Vinton Nichols,	14. MOTHER'S MAIDEN NAME Alice Purdy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give wor or dates of service] [If yes, give wor or dates of service]	albert T. Bull, Edgenater, Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gove rise to immediate couse (a), stating the under- lying cause last. (c)	Pailure Onsignation disease 2 years
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING 204. ALSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port 1 or Port 11 of item 18.)
	ACE OF INJURY (Hame, form, 20f. (City or tawn) (Caunty) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from 1-30 alive an 2-4, 19-59, and that death actual signature PHYSICIAN'S NAME (Type) 5/10/4 M. L.M.	n occurred at 61 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Edgewater, Md.
220. BURIAL, CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OF SMILE 2 - 7-59 Mayo Men	morial Cent Menso a. a.Co Me
23. FUNERAL DIRECTOR'S SIGNATURE Suns ADDRESS Company	olis May DATEFEB 6 '59 Cuthun S. Hama

	E DEATH	CENTIFICATE O		
N. S. Charles			1 Bacton	
				a service and an experience of
				ATTENNET OF THE STATE
	Source of the second			

VS A15 (4) 15M 9/55

1445	CERTIFICA	TE OF DEATH	Reg. Dis	
1. PLACE OF DEATH O. COUNTY CAME GVU.	MUR! MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY Bu	te before admission) Itius ove Cit
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GIEN BULA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If obtside corpo Bult 1 km	2 0	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION) / N 2 A M & K	OR NUNSing Hum	d. STREET ADDRESS 5. Bu	red st	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	au Caldu	well Lost 4. DATE OF DEATH	Month 2 -	22- 1959
5. SEX Mull 6. COLOR OR RACE 7. MAR WIDOW	The state of the s	3-16-72	1	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign co	ountry) 12. CIT	U. S. C.
13. FATHER'S NAME Obee Caldi	vell	14. MOTHER'S MAIDEN NAME	da -	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (It yes, give wor or dofes of service)	. SOCIAL SECURITY NO. 17. IN	Charles Gui	Address Di	20857
18. CAUSE OF DEATH [Enter only one couse per I PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	ine for ta), (b), and (c).]	Fulling		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b)	Generali	zed Onlere	neltronis	Cercli
gave rise to immediate code (a), stating the <u>under-lying couse last.</u>	Voscelly	Kli seene -		
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASI	E CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port 1 or Port	II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. While of wo	Not while fact	CE OF INJURY (Home, form, 20f. (City lory, street, office bldg., etc.)	or town) (C	ounty) (Stote)
21. I certify that I attended the decea	sed from 2-14	, 1957, to 2 +4	21, 19 Fithat 11 the causes and on the	ast saw the deceased
ACTUAL Felices Fr	eulers		reet, city or town, stotel	DATE SIGNED
PHYSICIAN'S Fehra G	Taun horg	la xl	2-22	59-
226. BURIAL, CREMATION, REMOVAL (Specify) Burial 226. DATE THEREOF EM. 26 59	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCAT	10N (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Chief SA DATE 25 39	RAR 246. REGISTRAR'S SIG	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH
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MARYLAND	STATE	DEPART	MENT	OF	HEAL	TH-BALTIMORE	. 18
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CERTIFICATE OF DEATH 77.7.C

01426

1440				Keg. Dis	7. INO.
1. PLACE OF DEATH o. COUNTY A A, CO	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		institution: Residence OUNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, 948cl-S	write RURAL and a	ive nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of or institution At home - St. Margare		d. STREET ADDRESS			e. 15 RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) Region 1.	Middle	neroLL	4. DATE OF DEATH	Month	Day Yeor 10 19 5 9
5. SEX 6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH	874 9. AGE (III last bir	the days	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life given it solited)	Not Employed	STRY 11. BIRTHPLACE (STOTE	or lareign country)	12. CITI	ZEN OF WHAT COUNTRY
13. FATHER'S NAME RICHARD F	o)ull	14. MOTHER'S MAIDEN N	lochary		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or uphour) (If yes, give well or action of service)	SOCIAL SECORITY NO. 17. I	NARPOLIS	RD2M	Y@Address	
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the under- lying couse lost. (c)	yo emditis	Chronie	,		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					PERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. While		D. (Enter nature at injury in I ACE OF INJURY (Hame, form clary, street, affice bldg., etc.	, 20f. (City or town)		aunty) (State)
21. I certify that I attended the decease olive on	ed from $2-10$ — 1 , and that death			uses and on th	ast sow the deceased the dote stated above DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF ELY 13/59	Stignatius	HICKORY	22d. LOCATION (City.	Hanters Co	(Stote)
TOTAL STATES SIGNATURE BUILDINGS	acian Ma	24a. REC' DATE	D BY REGISTRAR 24	b. REGISTRAR'S SIG	HATURE Trans

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11427 Reg. Dist. No. 27

1. PLACE OF DEATH o. COUNTY	MARYLAND	a. STATE	ervland		d lived. If institution b. COUNTY	51	ce before ad	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16				rote limits, write R			13/5/2
	3 days				11		5	,
d. NAME OF HOSPITAL (If not in hospital		d. STREET A	ridge		/ 5	X - 0	P44 15	RESIDENCE
OR INSTITUTION	or Quaress)						0	N A FARM?
U.S. Army Hospital	444	Box	212				YES	□ NO 🛭
3. NAME OF First DECEASED	Middle	los		OF DATE	Mon		Doy	Year
(Type or print) WILLIAM	JAMES	CARLTON	I	DEATH	Febru	lary	5	1959
5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTI	Н		9. AGE (In years	-		NDER 24 HRS.
Male White WIDON	VED DIVORCED	11 Octo	ober 19	958	last birthdoy) yrs.	Months 3	Days Ho	urs Min.
10a. USUAL OCCUPATION (Give kind of work done 10	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State or	foreign c	ountry)	12. CIT	ZEN OF W	HAT COUNTRY?
during most of working life, even if retired)	-	Mars	yland			1	JSA	
Infant		14. MOTHER'S		ME			-	
James E. Carlton			C. Gre					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [1/91, no. or unknown] [If yes, give wor or dates of service]	S. SOCIAL SECURITY NO. 17.	INFORMANT J	ames E.	Car	lton (fd	ther)		
No 👱		Eldridge	e. Md					
1B. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]							LBETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Congestive	Heart Fa	ilure				ONSET A	ND DEATH
571.0 DUE TO	0 (
Conditions, if ony, which) (b)	Electrolyte	ImBallar	nce					5 days
gove rise to immediate Couse (a), stating the under-								
lying couse lost. (c)	Diarrhea							6 days
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature o	f injury in Par	t I ar Par	t II of item 18.)			
A Hour a.m. Whil		ACE OF INJURY (I		20f. (City	ar town)	(C	ounty)	(State)
21. I certify that I attended the decedative on 5 February 19	sed from 2 Februa 59, and that death							
drive on, 12	22, and that death	accorred at			reel, city or town,		ie date si	DATE SIGNED
ACTUAL SIGNATURE WOSE C	1100	M.D. U.S			tal, Ft		Md 5	Feb 59
PHYSICIAN'S ROGER C. MOYER,	CAPT, MC.	u.s	. ARMY	HOSE	TAL, FT	MEAD	E, MD	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	2	d. LOCA	TION (City, town, o	r county)	(Stote)
BURIAL (Specify) 2-10-59	Baltimore 1	National			timore		,	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24a. REC'D 1	Y REGIST	RAR 24b. REGIS	TRAR'S SIG	NATURE	
Villiam Cook, Inc., 1217	St. Paul Stre	eet	DATE FE	B 9	'59	Inthus .	& Kraus	

VS A15 (4) 15M 9/55

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		1448 CERTIFICATE OF DEATH Reg. Dist. No. 01428
Page director	1. [PLACE OF DEATH COUNTY Ahre Arundel. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Asidence before admission) o. STME 19/26 d b. COUNTY Fince Clarge
funeral funeral		c. CITY OR TOWN (If outside carporate limits, write rearest town) RURAL and give nearest town) CONNOTION OF TOWN (If outside carporate limits, write RURAL and give nearest town) CONNOTION OF TOWN (If outside carporate limits, write RURAL and give nearest town)
by by		d. NAME OF HOSPITAL (If mor in hospital, vive street address on a FARM? ORDINITION LOUISVILLE JTS te HOSPITAL. 1209 - 69 TE Place e. IS RESIDENCE ON A FARM? YES NO
filled in		NAME OF DECEASED (Type or print) A DATE OF Month Day Year OF DEATH 13 1959.
pletely rrs. Pag	5. 5	WIDOWED DIVORCED 12/13/ 1908 500 Hours Min.
executa nd com pope death.		USUAL OCCUPATION (Give kird of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Islate or foreign country) (12. CITIZEN OF WHAT COUNTRY?) WILD KING TILL (12. CITIZEN OF WHAT COUNTRY?)
sician a	13.	FATHER'S NAME RICHARD Barnes 14. MOTHER'S MAIDEN NAME
ing phy ie remov 72 hau		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) or unknown) If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1905) Address of service) 17. INFORMANT (1905) Address of service) 17. INFORMANT (1905) Address of service) 18. INFORMAT (1905) Address
ottend en pleas nt within		18. CAUSE OF DEATH [Enter only one couse per line for (s), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 2. DEATH WAS CAUSED BY: ONSET AND DEATH
s that the distribution of the true of the		Conditions, if any, which) Cerebro-Vascular- accident - Brain Jeh.
on. n signed sist per and in a		gove rise to immediate couse (a), stating the under- lying cause last. DUE TO Hypertenive Cardiovascular Renal Disease,
physici physici has bee- rial-tran naval, o	CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
tending ficate if the burner or ren	L CERTIFI	20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
PHYSIC of ar at this cert r use as emotion	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p. m. 19 20d. INJURY OCCURRED While Not while at wark of war
NDING		21. I certify that I affended the deceased fram. 2 7 , 19 59, to 2/3/ , 19 59, that I last saw the deceased alive an 1959, and that death accurred at 9.50 pm, from the causes and on the date stated above
d by the OR or to b		ACTUAL SIGNATURE WILL HOSPITA DATE SIGNED M.D. CHOICH SVILLE TOSPITA DATE SIGNED
retaine RAL Dis should strar pri		PHYSICIAN'S LIGHT MHERRY MAPP Crownsville. Md.
O HOSP may be o FUNEI page 3 the regin	220	Burial (Specify) Burial 22b. Date Thereof / 22c. Name of CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) Burial 2/18/59 Woodlawn Washington D.C.
VS A15 (4) 15M 10/57	23.	VINED SECTOR'S SIGNATURE ADDRESS ADDRE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HEARD AS MEASTERS OF SEATH SAME SAME MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No

Months

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HR

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES T

(County)

Ithat I last saw the deceased

NOT

(Stote)

DATE SIGNED

(Stote)

om

ON A FARM?

YES NO

Yeor

19

15M 10/57

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	CAROMICIATE HYLASH SO	MARYLAND STAYE DEPARTMENT	
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		THE RESIDENCE OF STREET	
DESCRIPTION OF THE PROPERTY OF			
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		Village of the County of the C	
	o service and more than the con-	pray throught his printer	
	THE RESIDENCE OF THE PARTY OF T	Laur teneral C. Callel's	M TO POSSIBLE

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO FUNERAL DI page 3 should Le d TO HOSPITAL OR

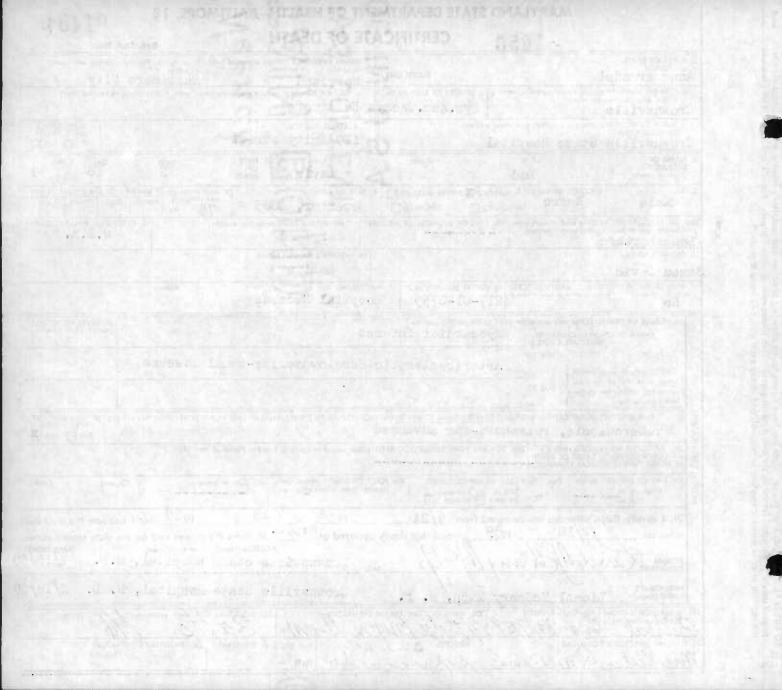
VS A15 (4) 15M 10/57

01431

CERTIFICATE OF DEATH 1450

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryland		. COUNTY	Residence b		ission)
	PLIPAL and give peacest town)							
	d. NAME OF HOSPITAL (If not in hospitol, give street oddre OR INSTITUTION Crownsville State Hospital	35)	d. STREET ADDRESS 129 Amity St	treet			ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print) Bud	Middle	lost Davis	4. DATE OF DEATH	Month 2		Do'78	Yeor 19 59
1	5. SEX 6. COLOR OR RACE 7. MARRIED Negro WIDOWED		December, 188	met		Months Do		DER 24 HRS.
	Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman	OF BUSINESS OR INDUST	IRY 11. BIRTHPLACE (Stole or Maryland	foreign country)			U.S.	AT COUNTRY?
1	13. FATHER'S NAME James Davis		14. MOTHER'S MAIDEN NA Hallie	ME				
	(Ver no no uniterior) as		FORMANT Ospital Record	ds	Addres	s		
	420./ DUE TO Conditions, if ony, which) (b)	ardial Infar	ct Cardiovascula	ar-Kenal	Disea	C		BETWEEN ID DEATH
2	gove rise to immediate couse (a), stating the under lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTY Tuberculosis, Pulmonary—	RIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINA	AL DISEASE CONI	DITION GIVEN	N IN PART 1(o	PERI	S AUTOPSY ORMED?
	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED.	(Enter nature of injury in Par	rt I or Port II of i	lem 18.)		1 113	7 40 6
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY While of work	OCCURRED 20e. PLAC	CE OF INJURY (Hame, form, ory, street, office bldg., etc.)	20f. (City or tow	n)	(Coun	ity)	(Stote)
/	21. I certify that Nattended the deceased fr	and that death of	accurred at 6 : 30A.		causes and by or town, sto Hospit	d on the o	D.	e deceased sted abave. DATE SIGNED 2/18/59
	220, BURIAL, CREMATION, 225 DATE THEREOF 220, PEMOYAL (Specify)	TAUDUH	CREMATORY 2	2d. LOCATION (C	or Or	county)	// (SI	ote)
	Mrs Katie R Williams	Schride	JA DATE FEB	BY REGISTRAR 1 9 '59	24b. REGISTI	RAR'S SIGNA		



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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01432

414	CERTIFICATE	OF	DEAT

Reg. Dist. No.

	3.6	4 4							Keg. Di	ST. NO.		
1. PLACE OF DEATH a. COUNTY					2. USUAL RESI	DENCE (Wh	ere deceased	lived. If instituti		nce before	odmissio	on)
	Arundel		MAR	YLAND		laryla	nd	b. COUNTY	Anne	Aruno	iel	
b. CITY OR TOWN (If RURAL and give nea		ts, write	c. LENGTH OF STAY	(IN 16	c. CITY OR	TOWN (If o	utside corpore	ote limits, write R	URAL ond	give neare	st town)	1110
Annapolis			TI ARVIE		X D	avids	onvill	9				
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street	address)		d. STREET		VII VIII			e.	IS RESID	
	l Hospital				/	Pouta :	1. Box	304		,	ON A F	
3. NAME OF	Fir		Middle				4. DATE					
DECEASED (Type or print)					lo		OF DEATH	Mor		Day		ear
5. SEX	Jan		Edwa		DAT			Febru	- W	18		9 59
	6. COLOR OR RACE		RIED NEVER MARR		. DATE OF BIRT			lost birthdoy)	Months	Doys I	dours dours	
Male	Cauc.	WIDOW			18 Febr	- 0		yrs.			4	13
10a. USUAL OCCUPATION during most of working	N (Give kind of work on ng life, even if retired)	done 10b.	KIND OF BUSINESS	OR INDUST	TRY 11. BIRTHPI	LACE (Stote	or foreign cou	intry)	12. CI	TIZEN OF	WHAT C	COUNTRY
					Mar	yland				U.S.		
13. FATHER'S NAME				-	14. MOTHER'S	MAIDEN N	IAME					
Sperry Day	rid DAVIS				Rose	etta L	ucile !	ROLLER				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. IN	FORMANT			Add	ress			
No (II	yes, give war or dates of s	ervice)		II	S Morre	1 Hos	ni+ al	Annapol	in N	(n	bac	
18. CAUSE OF DEAT	u fe-tt				D. Mave	TT HOS	pruar,	Ailiapoi	15, r			
	H WAS CAUSED BY:				DIGELO	T)				ONSET	AL BETY	WEEN
7700	IMMEDIATE CAUSE (o	H.	YALINE MEM	BRANE	DISEAS	11				1	Hou	ur
1/3.0	DUE TO											
Conditions, if on)										
gove rise to im coese (o), stoting th				75-10								
lying couse lost.	(c	,										
PART II. OTHE			CONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 19.	WAS AL	JTOPSY
ATIC		10.13									PERFOR/ ES	MED?
PART II. OTHE	UNDERLYING []	20b. DES	CRIBE HOW INJURY O	CCURRED	(Enter noture o	of injury in P	Port Lor Port I	II of item 18 1			[2]	NOL
OR CONTRIBUTING (CAUSE OF DEATH			, cco mico	. Lemen motore e	or inferty in c						
		- 00 1 11		100 014	CE OF WHEN		Leat sel					
20c. TIME OF INJURY Hour a. m.		While	NJURY OCCURRED Not white	foct	CE OF INJURY (ory, street, office	e bldg., etc.) !	or town)	(0	County)		(Stote)
p. m.	19	of wor	k ot work									
21. I certify the	it I attended the	deceas	ed fram. 18 F	'ebrua	ary, 19 59	2. ta 18	Febru	ary 19 59	that I	last saw	the d	ecense
alive on 18 F												
			, , , , , , , , , , , , , , ,	acam	accorred ac			et, city or town,		ne dule		E SIGNE
ACTUAL							VAL HO			2	79_/	
SIGNATURE		27	11 6.		I.D	D. NA	VAL HO	OT II WIT			17-	22
PHYSICIAN'S F.	M. KENNY	LT	MC USNR	7	AA	INAPOL.	IS, MA	R.YI. AND				
				/								
220. BURIAL, CREMATION REMOVAL (Specify) DUT181			22c. NAME OF CEM				22d. LOCATIO	ON (City, town,	or county)		(Stote)	
	2-20-5	9	Naval Ce	meter	ry		Ann	apolis.	Md			
23. FUNERAL DIRECTORYS	and the sent	-	ADDRESS				BY REGISTR		TRAR'S SIG	GNATURE		
						1						
Hopping un	nerel hone	Ar	napolis. N	id.		DATEFEE	3 2 4 '59	an	Unun S.	Thank.		

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PROMITION STATE DEPARTMENT OF HEALTH - ROLLINGORS

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1415 CERTIFICATE OF DEATH

Reg. Dist. No.

								Keg. Dis			
1. PLACE OF DEATH a. COUNTY An	me Arundel		MARY	LAND	2. USUAL RESIDENCE (Was a. STATE	Vhere deceased yland	h COUNTY	Anne .			ian)
b. CITY OR TOWN RURAL and give r Annapolis		ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give mearest town) Annapolis						1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g				d. STREET ADDRESS		Street		e		IDENCE FARM?
3. NAME OF DECEASED (Type ar print)	Fin		Middle	Ī	tost Di MAGGIO	4. DATE OF DEATH	Mon Feb		Doy 23		Yeor 19 59
5. SEX Male			IED NEVER MARRI	ED 🔲	DATE OF BIRTH 4-16-78		9. AGE (In years lost birthday)	IF UNDER Months			
10a. USUAL OCCUPATI during most of war U.S.Navy		lone 10b.		R INDUS	Italy	80 8 8	00	12. CITI	ZEN OF		COUNTRY
13. FATHER'S NAME	DiMAGGIO				14. MOTHER'S MAIDEN Elizabe		T.T				
	ER IN U. S. ARMED FOR (If you give war or dates of to WW I	CES? 16.	SOCIAL SECURITY NO		FORMANT S.Naval Hosp		Addr		vl an	d	
Canditians, if a gave rise to cause (a), stating tying cause tast.	the under-		Hyperte	nsion	al Hemorrhage				2		ours
5 Diabe	etes Mellitu	ıs			. (Enter noture of injury in			EN IN PARI		PERFO	RMED?
_	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yea	r 20d. IN	Not while	20e. PLA	CE OF INJURY (Home, fara ary, street, affice bldg., et	m, 20f. (City		(C	aunty)		(Stote)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIALS NAME (Type)	RAMS.	decease 1959	2, and that	death	, 19 <u>59</u> , to 2 accurred at 5:4 51	ADDRESS (SIR	the causes of the course of th	nd on th	e date	e state	deceased ad above ATE SIGNE -59
	226. DATE THEREO		22c. NAME OF COM	TERY OR	CREMATORY	22d NOCATI	ION (City, town, o	r caunty)		Store	7-
23. FUNERAL-DIRECTOR	's SIGNATURE	res	Chincip	no		D BY REGISTR		TRAR'S SIG			

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e militario de la companya de la com		go alle and a	an vittiga 1 15
	BACKSON INC.		acuris sour

CERTIFICATE OF DEATH

01434

		1	401	- CIKI				•		Reg. Di	st. No.	
	CE OF DEATH	rundel		MAR	YLAND	2. USUAL RESIDER OF STATE			d lived, If institut b. COUNTY ame		ce before	admission)
R	URAL ond give	(If outside carporate lim nearest town)	its, write	6 vears	IN 1b	c. CITY OR 1		utside corpo	prote limits, write	RURAL ond	give neare:	it town)
d. 1			give street			d. STREET A						IS RESIDENCE ON A FARM? YES NO
	CEASED	Fi Mrs. Ruby	rst Edith	Middle n Ergott		los	1	4. DATE OF DEATH	Mo Febra		Day	Year 19 50
5. SEX		6. COLOR OR RACE		NEVER MARR		8. DATE OF BIRTI			9. AGE (In years last birthday)	Months		UNDER 24 HRS. Hours Min.
10a. U	SUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS	DR INDU	STRY 11. BIRTHPL	ACE (State		1.00	1	TIZEN OF	WHAT COUNTRY
13. FA1	THER'S NAME		I K (tired hous	sewi:	14. MOTHER'S	MAIDEN N		Penn.		SA	
	Johnet	hon Miller				Marm	erite	Tomb				
		ER IN U. S. ARMED FOI (If yes, give wor or dates of		SOCIAL SECURITY NO	D. 17. I	Mrs Sar		nson	(daughte	dress		
c	Canditions, if gave rise to ause (a), stating ying cause last Part II. O	the <u>under-</u>	b) D	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	SE CONDITION GI	IVEN IN PAR		WAS AUTOPSY PERFORMED? (ES NO 1
CERTIFI		YAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRE	D. (Enter nature a	f injury in I	Part I ar Pa	rt 11 of item 18.)			
MEDICAL 30	c. TIME OF INJU Hour a. m. p. m.		While at wor	NJURY OCCURRED Not while at wark	20e. Pi.	ACE OF INJURY (ctory, street, affice	Hame, farm bldg., etc.	, 20f. (Cit	y or town)	(1	County)	(Slate)
A A SI	CTUAL GNATURE HYSICIAN'S AME (Type) URIAL, CREMATI	ON, 226. DATE THERE	19 IP		t death	M.D.	Z.30 I	M, fra	m the causes street, city or town	and an t		
BI	EMOYAL (Specifical PLATE)	12/9/59	Al	Jersey ADDRESS	Sh	ore Cem	eter	D BY REGIS	TRAR 245. REG	CO ISTRAR'S SI	GNATURE	t.
H	pping	& Kirkley	G1	en Burni	e.	Md.	DATE F	- A - elec		Initian &		

funeral director, ald be filed with requires that the death certificate be executed within 24 hours after death. Page 4 IOR: After this certificate has been signed by the attending physician and completely filled in by detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and detached far use as the burial-transit permit. ATTENDING PHYSICIAN: The low TO HOSPITAL OR may be retained
TO FUNERAL D
page 3 shauld

VS A1S (4) 15M 9/SS

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and a		1452 CERTIFICATE OF DEATH	Reg. Dist. No	,11140
director, filed with	L.	LACE OF DEATH . COUNTY Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institute o. STATE Maryland b. COUNTY	Y Anne 1	Aruna
Pe pe	1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Figewater 5/4205 × Edgewater	RURAL and give no	arest town)
M)od		3. NAME OF MOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS RF 1 Box		e. IS RESIDEN
		NAME OF DECEASED Charles First Franklin Evans 4. DATE OF DEATH 2	- 7	ay Year
	5. 9	EX MAIR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED July 5-th 1873 95-yrs	Months Days	Hours /
1 8		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. ARTHPLACE (Stole or foreign country) during most of working life, even if retired). Waterman & Carpenter (Retired) Riva Md.		S, A
s offer		Charles W. Evans, 14. Mother's Maiden Name Madora (Marden	Name	?)
72 hou	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ad (11 yes, give wor or dates of service) 2/2-18-8710 George 7. Evans,	Edgewa	ter,
n pleas t within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Congestive cardiae failure		TERVAL BETWE
ny even		422,1 DUE TO arteriosclerofie Cardio-Vasicula	ar .	3 year
and in a		gove rise to immediate couse (a), stating the under- lying cause lost. DUE TO (c)		/
naval, o	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART I(0)	19. WAS AUTO PERFORME YES NO
or ren	L CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
ematian	MEDICAL	20c. TIME OF INJURY Month, Doy, Year More on m. 19 20d. INJURY OCCURRED While Not while at work at work at work 19 20d. INJURY OCCURRED foctory, street, office bldg., etc.)	(County)
orial, cr		21. I certify that I attended the deceased from 7-26, 1958, to 2-6, 1959 alive an 2-7, 1959, and that death occurred at 3140AM, from the causes	G,that I last s	
ar to bu		ACTUAL Sylvin In Line) MD RFD # 1 BO		2 - 1
itra pri		PHYSICIAN'S Sylvia M. Liy, Edgewater, A	11.	
a e gai	220	BURIAL CREMATION, 226 DATE THEREOF 200. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, 10WI), BURIAL Feb 9, 1959 1411 CREST MEMORIAL ANNAPOL		(Stote) MD
0	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 246. REC'D BY REGISTRAR 246. REC	Irthun S. Ku	JRE aus
is of				

o. IS RESIDENCE ON A FARM? YES NO 1

Anne Arunde

IF UNDER 1 YEAR IF UNDER 24 HRS. Days

12. CITIZEN OF WHAT COUNTRY? U.S.A.

Reg. Dist. No.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2-18-8710 George 7. Evans, Edgewa	ster, Hd.
for (o), (b), and (c).]	TERVAL BETWEEN
rteriosclerofie cardio Vasicular .	3 years
disease	
NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
BE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	
JRY OCCURRED Not while foctory, street, office bldg., etc.) Occupanty foctory, street, office bldg., etc.)	(State)
fram. 7-26, 1957, to 2-6, 1959, that I last s 9, and that death occurred at 3140AM, from the causes and on the de ADDRESS (Street, city or town, state)	
Kin MD RFD # 1 BOX279-M	2-7-59
22c. NAME OF CEMETERY OR CREMATORY / 22d. LOCATION (City, town, or county) HILCREST MEMORIAL ANNAPOLIS	(Stote)
Galesvelle, Md DATE FEB 1 1'59 Carthury S. Kr.	

PENSON AND SERVICE	TE OF DEATH	SOE CERTIFICA	
		U Carrier of the Description	
		The Robbinson	

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1453 **CERTIFICATE OF DEATH** 01436

Reg. Dist. No.

o. COUNTY Anne Ar			MARYLAND	2.	o. STATE Maryland	Where decease	b. COUNTY		0.1	re odmis	sion)
	/N (If outside corporate lim	its, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (II	f outside carpa				arest tow	n)
Crownsv	ve nearest town)		6mo. 4days		Bartimor	re			.3	VOI	,4
d. NAME OF HO	OSPITAL (If not in hospital,	give street	oddress)		d. STREET ADDRESS						SIDENCE A FARM?
Crownsv	Mile State	ospit	al		1400 E.	rairmo	unt Aven	ue			NO E
3. NAME OF DECEASED (Type or print)	Fi	John	Middle		Lost Evans	4. DATE OF DEATH	Mar 2	,	Do 12		Year 1959
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years				ER 24 HRS.
Male	Negro	WIDOW	ED DIVORCED	5	/10/81		lost birthday) 77 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUP	ATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS OR INDE	USTRY	11. BIRTHPLACE (Sto	te or foreign c	ountry)	12. CI	TIZEN C	F WHAT	COUNTR
Unempl		" –			North C	arolin	.a.	A 15	U.	S.A.	
13. FATHER'S NAME				1-	. MOTHER'S MAIDEN	NAME					
Unknown					Unknown						
	EVER IN U. S. ARMED FOI		SOCIAL SECURITY NO. 17.	INFO	RMANT		Add	ress			
Unknown	(If yes, give wor or dates of	service)	219-03-1686	Hos	pital Reco	Phr					
	DEATH [Enter only one co	nuse per li		1100	prode reco	74.00			LINIT	ERVAL BI	ETWEEN
	DEATH WAS CAUSED BY:	-	nilitic & Arte	0.707	osal amati a	Comei	orragonilas	•			DEATH
023	IMMEDIATE CAUSE (ease	GII	ogcieroric	Carui	DVascula				
000	DUE TO	ט דיר	62 5 6						180		
	g immediate)(o)							-		
couse (a), stat	ting the under-										
lying couse l		c)	CONTRIBUTION TO DESTRUCT	T. 1. 10.							
PART 11. 200. ACCIDENT OR CONTRIBUT (IF EITHER, NO	OTHER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH BU	II NO	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	/EN IN PAI	T 1(o) 1	PERFC	AUTOPSY DRMED?
	TWAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (E	nter nature of injury i	n Part 1 or Par	t II of item 18.)				
20c. TIME OF IN	m	While	Not while fe		OF INJURY (Home, for street, office bldg., e		or town)	(County)		(State)
	/1		9/9		1958 to	2/12	50				
21. I certify	that attended the	deceas	CO 110111		-/ ''/ ''						decease
alive on	- 4124	19-2	9 , and that deat	h oc	curred at 4:55A		n the causes o		he da	te state	ed abov
ACTUAL	F11 11111	185	11/9/				treet, city or town,		3 . 3	D.	ATE SIGNE
SIGNATURE	4 anni	NOUN	71/1/	_M.D.	Crownsvi	lile St	ate mosp	ital,	MQ.	2/	12/5
PHYSICIAN'S NAME (Type)	Lionel McH	enry	Mapp, M. D.		Crownsvi	lle St	ate Hosp	ital,	Md.	2/	/13/59
220. BURIAL CREMA		OF A	22c NAME OF CEMETERY	OR CR	EMATOR	22d. LOCA	TION (City, town,	or county)		(Stot	te),
REMOVAL (Spe	1 100 / 100 / 6	91	Voivertse St		tord	Ba	Itmos.		~	mr	1
23. FUNERAL DIRECT			ADDRESS		1 / 240. REG	C'D BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATU	RE	1
711.00	" A M	2000	162 711		T /t DATE	- 10 33	Chil	hung S.	Trans	4	

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Tallian .				

VS A1S (4) 1SM 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1454 CERTIFICATE OF DEATH

1	340 4	CERTIFICATE OF DEATF	Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY AND AYUM	. STATE MARYLAND 2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Residence before admission) b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. L RURAL and give nearest town)	ENGTH OF STAY IN 16	utside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddre OR INSTITUTION	d. STREET ADDRESS	BOX34413 e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Vohusey S.	4. DATE Month Doy Year OF DEATH Felt . 26 1959
	WIDOWED TO		9. AGE (În years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (STOLE)	or foreign country), 12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME DESSEL SEE	14. MOTHER'S MAIDEN N	AME ?
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service)	AL SECURITY NO. 17. INFORMANT JOHNSON SILE	my Ja, Leverna Pk md-
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(0). (b). and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	yperlansent C.	V Liscour
	couse (o), stoting the under-	Enerolyed arla	200 telepse,
	ICATI		NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		HOW INJURY OCCURRED. (Enter noture of injury in P	ort I or Part II of item 18.)
	Hour a. m. While	OCCURRED Not while of work 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)	20f. (City or town) (County) (State)
	21. I certify that I attended the deceased from alive an 1-27-5 9 19	CVA	2 Ce J., 19 , that I last saw the decease
	ACTUAL ROBERTS		_M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNE
	PHYSICIAN'S Robert	R. HAHW.	med 2-26-59
	Semoval Specify 3-1-59	Jame of cemetery or crematory There	Romanian (Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Au Mar DATE AR	3 159 Carthur S. Krauk

MARIE TO SH		

1×	TO FUNERAL Dir OR: After this certificate has been signed by the othending physician and campletely filled in by funeral director, or page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2	1
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VS 15A	A15 (4) A 10/57	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CEPTIEICATE OF DEATH

	145	5	CERTIFICA	AIE OF DEATH			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESIDENCE (Who		b. COUNTY			ssion)
Anne Arundel b. City or Town (if outside	e carparate limits, w	rite c LENG	TH OF STAY IN 16	c. CITY OR TOWN (If or			Arun		
RURAL and give nearest to	wn)	VI CENTO	ATT OF STATE IN TO		orside corpor	die limits, write ko	KAL ONG GIVE	; negresi tov	****
d. NAME OF HOSPITAL (IF n		2	yrs.		Tark			10.01	TO DE LOS
OR INSTITUTION	or in naspiror, give	meer dodress;		d. STREET ADDRESS				ON	A FARM?
	the Se	vern		Linstead o	n the	Sever	1	YES [] NO []
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Monti	h	Day	Yeor
(Type or print)	MARG.		LOUISE	GOSNELL	DEATH	FEBRU	JARY	13,	19 59
	LOR OR RACE 7.	MARRIED N	EVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 Y		-
Female	White w	DOWED 🗌	DIVORCED [June 291 18	82	76 yrs.	Months Do	ys Hours	Min.
10a. USUAL OCCUPATION (Give	e kind of work done	10b. KIND OF	BUSINESS OR INDU			untry)	12. CITIZE	N OF WHA	T COUNTRY?
during most of working life,	et a	Johns	Hopkins	Baltimor	o Ms	backwa	TT	S.A.	
13. FATHER'S NAME		0011110	110 prilit	14. MOTHER'S MAIDEN N		ai y a a i i u	Uok	D.H.	
Charles	A. Gos	nell		Managara	D 77-				
15. WAS DECEASED EVER IN U.			ECURITY NO. 12	Tamsey .	R. HO	Oran			
(Yes, no. or unknown) (If yes, gu	ve year, or dates of service) III. SOCIAL S	The second						
no //	11/1///			. Charles M	. Gos	snell,	Same	As #	2
18. CAUSE OF DEATH [En		per line for (o),	(b), and (c).					INTERVAL B	ETWEEN
PART I. DEATH WAS	S CAUSED BY: DIATE CAUSE (o)	Car	dio-Vasc	ular Diseas	6			3 vr	Sa
722.0	DUE TO								
Conditions, if ony, wh	ich) (b)	Rh	eumatoid	Arthritis				20	7779 C
gove rise to immedia	ofe (DUE TO		0 4111-1 0 0 2 0					- 20	ATO
lying cause last.	er- (c)						115 3		
		ONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAI DISFASE	CONDITION GIVE	NI INI PART 1/	(a) 19 WAS	ALITOPSY
5	THE CONTRACT	ONS CONTRIBO	1110 10 02/1111	NOT RELATED TO THE TERMIN	AVE DIDENDE	CONDITION GIVE	A HALVELLE	PERF	ORMED?
PART II. OTHER SIGN 200. ACCIDENT WAS UND OR CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTI	ENVINCE D	DECCRIPE HO	W MINING OCCUPAN	T (F) 1 F) 1 B				YES] NO D
20g. ACCIDENT WAS UNDI	JSE OF DEATH	. DESCRIBE MO	W INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part	11 of ifem 18.}			
20c. TIME OF INJURY Man Hour o. m. p. m.		od. INJURY OC		ACE OF INJURY (Home, form, ectory, street, affice bldg., etc.)	20f. (City	or town)	(Cou	nty)	(Stote)
p. m.			while ork	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
21. I certify that I a	ttended the de	ceased from	111	, 19 40, ta F	eb. 1	3, 159	that I lac	t come the	docoarad
alive an Feb.				accurred at 8:45	P	alagan Malakan	, mui i ius	1 SOW THE	deceased
dilve dil		Vadadaaya s	and mar dean			eet, city or town, s			DATE SIGNED
ACTUAL POPL	SB.	11	1.						ATE SIGNED
SIGNATURE	, w. 1924	my	47	M.D. 108 (entr	al Ave.	المالك	2	7.14/5.
PHYSICIAN'S	T G	Desa			and the same of th				
	James S.					nie, M		nd	
REMOVAL (Specify)	. DATE THEREOF		ME OF CEMETERY C		22d. LOCATI	ION (City, town, or	county)	(Sto	ote)
Dur. TaT 1	Feb. 16/5		oudon Pa	rk Cem.	Bat	timore,	Mar	vlan	2
23. FUNERAL DIRECTOR'S SIGNA	ATURE A A	ADI	DRESS	24- PEC'D	DV DECISTE	AP 245 PECIN	DAD'S SICKLE	ATLIBE	a

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carbon papers. after death.	Pages 1	1 and puld be filed with	ed with
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HOSPITAL OF ATTENDED or attending physician.

FUNERAL D'ATOR: After this certificate has been signed by the attending physician and campletely filled in by a funeral director, roose 3 shauld be falled with he registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

(to	
A15	(4)
	A15

		. 4	6				VIE O	DEAT				Reg. D	ist. No		
	LACE OF DEATH COUNTY Ann	e Arundel			MARYL	AND	2. USUAL o. STATI	RESIDENCE (W E Del.	here deceased		If institution	nı Reside	nce befo	re admissi	ion)
		autside carparate limi	ts, write	c. LENGTH	OF STAY I	N 1b	c. CITY	OR TOWN (IF	outside carpo	rate limit	s, write RU	RAL and	give ne	arest town)
_	Annapoli			1				lmingto	n		4.	-6 X	-		
1	OR INSTITUTION	AL (If not in haspital, g						If ab 7 am	3 C - 22 - 22	_					FARM?
		el General		01681	44.1		0.7	lighlan		L					
	NAME OF DECEASED (Type or print)	HOWARD		ROBERT	Middle	RAY	SR	last	4. DATE OF DEATH		Febru		Do	•	Year 19 59
5. 9	EX	6. COLOR OR RACE					B. DATE OF	BIRTH		9. AGE	(In years		RIYEAR	IF UNDE	R 24 HRS.
1	M	W	WIDOW		DIVORCED		Nov.	12,189	8	last b	irthday)	Months	Days	Hours	Min.
10a	during most of work	N (Give kind of work ing life, even if retired	dane 10b			RINDUS	TRY 11. BIR		or foreign co	ountry)		12. CI			COUNTRY
_	Sales	man		Manf.	Co.			Del.					US	A .	
13.	FATHER'S NAME						14. MOTH	IER'S MAIDEN	NAME						
	Un	krown						Unknow	n						
		IN U. S. ARMED FOR		SOCIAL SECU	JRITY NO.	17. #	NFORMANT		-		558	"Con	gres	ss Av	e.
	no	no		Unknown	1	Mr	H.M	Grav	Jr	Son	- Hav				
7	PART I. DEAT 3 3 / X Conditions, if or gave rise to in cause (a), stating I lying cause last.	the <u>under-</u>		sutz.	in	Las	yen Xi	i culen	. lin	rend	Sept.		ON		DEATH
CATIO	PART II. OIM	ER SIGNIFICANT CON	DITIONS	CONTRIBUTION	IG TO DEA	TH BUT	NOT RELATE	D TO THE TERM	INAL DISEAS	E CONDI	TION GIVE	IN IN PA	KI I(Q)	PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW I	INJURY O	COURRE	D. (Enter nati	ure of injury in	Part I or Par	t II of ite	m 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Ye	or 20d. While of wa		ile			JRY (Home, fare office bldg., etc		or town)		(County)		(State)
		ot I attended the	decea	.0	12.10	17/7	2/1/9	59, to 1	1-7M	2/19					decease
	alive on	110	1	1	na mor	deoin	occurred	0.71	M, from				ine ac		ATE SIGNE
	ACTUAL SIGNATURE	M (1-1	Ra	errar	~		M.D	2/(0	illes	val			2	1191	5/
	PHYSICIAN'S NAME (Type)	John Hedem	an i	MD				(in	nego	l's	Mal				
220	BURIAL, CREMATION REMOVAL (Specify) Burial	Feb. 23.) 1959	Grace	e ray	ALF TA	R CREMATO	ark	22d VOCA	tion (cir huri	3 6	r county)		(State	e)
23,	FUNERAL DIRECTOR		1	ADDRE		111	11111	/0/ 240. REC			46. REGIS		IGNATU	RE	per l
E	HOPPING F	UNERAL HOL		Annanol	lis 1	Md		DATE F	EB 2 4'	59	Co	Thurs 2	8. The	and	

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FUNERAL

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5. SEX

MEDICAL

deoth

23. FUNERAL DIRECTOR'S SIGNATURE

050201XV5

EIROY O.WILSON FUNERAL HOME 1000 Brantley Ave.

24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE MAR 6

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TS of the second	TE OF DEATH	CERTIFICA		
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Miller of Land		ISS D.		
Anna et al France pure a la praga	39.0	Lacrost Warran		
		alentica pool man		

e. IS RESIDENCE ON A FARM?

YES NO

Year

19

PERFORMED? YES NO T

(State)

(Stote)

Hours :

VS A15 (4)

15M 9/58

RANGED TRADERISED CONTACT Try or yab, so investigate the Total Total State of the Att. The second of th Many Carlot Street and the Carlot Street Str TELLE PANEL HAIN FIRM AND DELLE ALL PARTS AND LESS OF THE PARTS ASTRONOMICS AND SELECTION OF THE SECOND The same to the said and approximate the said of the s E Husia Vanno Lite is not the same of the sa

VS A15 (4) 15M 10/57

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e filed with	(X)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12625

1457 CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Anne Arundel		MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of STATE b. COUNTY Baltimore City				missian)		
	 CITY OR TOWN (If outside co RURAL and give nearest town) 	prporote limits, wri	te c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give					ve nearest	lown)	
	Crownsville		omo 20day	8	Baltimore?		3	VO1-	4	
	d. NAME OF HOSPITAL (If not i	n haspital, give str	eet address)		d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
	Crownsville Sta	ate Hospi	ital		Unknown?					□ NO 🚺
3.	NAME OF DECEASED (Type or print)	First John	Middle		Gwaltney	4. DATE OF DEATH	Mon 2		Day 27	Year /
			ARRIED NEVER MARRIED DIVORCED	-	ATE OF BIRTH	8	AGE (In years last birthday)		YEAR IF U	NDER 24 HRS.
	. USUAL OCCUPATION (Give ki			-	- , ,		40 yrs.	120 01717		
	during most of working life, ev	en if retired)	OB. KIND OF BUSINESS OK IF	NDUSIKI	Virgini		intry)		S.A.	HAT COUNTRY!
	FATHER'S NAME L'homas Gwaltney			1	4. MOTHER'S MAIDEN N	NAME				
15.	WAS DECEASED EVER IN U. S.		16. SOCIAL SECURITY NO.	17. INFO	RMANT		Addi	ress		
	NO III yes, give w	ar or dates of service)	Unknown	Hos	pital Recor	ds				
CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the <u>underlying cause lost</u> . Part II. OTHER SIGNIFI	AUSED BY: E CAUSE (a) DUE TO (b) CANT CONDITION COSS OF COST OF C	Cancer of Es	BUT NO	T RELATED TO THE TERMI			EN IN PART	ONSET A	AS AUTOPSY REORMED?
MEDICAL C	20c. TIME OF INJURY Month, Hour a. m.	Day, Year 20c	d. INJURY OCCURRED 20e nile Not while wark at wark	PLACE factory	OF INJURY (Hame, farm, street, affice bldg., etc.	20f. (City o	or town)	(Co	ounty)	(State)
	21. I certify that I atterall alive an 2/27. ACTUAL SIGNATURE		eased from 8/7 259 , and that de	eath ac	curred a8:50A.	ADDRESS (Stre	the causes a	nd an the	e date st	ne deceased ated abave. DATE SIGNED 2/27/59
	PHYSICIAN'S L. Be	medict,	М. D.		Crownsvill	e Stat	e Hospit	al,Md		2/27/59
220	DE WOULD IS naciful	10-5	22c. NAME OF CEMETER Hospital		ematory unds		ON (City, tawn, o	//	(:	State)
23.	FUNERAL DIRECTOR'S SIGNATU	RE	and ADDRESS	as	24a. REC'L	D BY REGISTRA		TRAR'S SIGN	NATURE	

HEAR TO STA		
		a subdentil
	101	

20.0 Canditions, if ony, which gove rise to immediate casse (a), stating the underlying cause last.

o m

p. m

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month.

Day, Year 204 INTURY OCCURRED While Not while at work at work

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.)

(County)

01442

e. IS RESIDENCE

Day

Hours

INTERVAL BETWEEN

ONSET AND DEATH

hours

PERFORMED? YES NO TO

ON A FARM?

YES T NO L

Year

19 50

Min

(State)

28 Feb. 19 59, to 28 Feb., 19 59, that I lost saw the deceased 21. I certify that I attended the deceased from. ___, and that death occurred at 025 AM, from the couses and an the date stated above. ADDRESS (Street, city or town, state)

ACTUAL PHYSICIAN'S

M.D. U. S. Naval Hospital, Annapolis, Maryland

22a. BURIAL, CREMATION, 22b. DATE THEREOF 3-4-59	22c. NAME OF CEMETERY OR CREMATORY	1 /1 /	City, tawn, ar county)	(State)
28. FUNERAL DIRECTOR'S SIGNATURE	(ADDRESS / Mal	240. REC'D BY REGISTRAR MAR 4 '59	246. REGISTRAR'S SIGNATURE	

burial-transit ficate SO ach OR: ö P shaul FUNERAL 3 poge 0

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O. COUNTY

NAME OF

Male

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MEDICAL

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VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH

01443 Reg. Dist. No.

	1458	CERTIFICA	ATE OF DEA	TH	Re	g. Dist. No. 27
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE	(Where deceased I		Residence before admission)
	ne Arundel	MARYLAND		rland	b. COUNTY An	ne Arundel
b. CITY OR TOWN (I	If autside carparate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside carporo	te limits, write RURAL	L and give nearest town)
ANTE I AN	C. Meade, Md		X Seve	erna Park		
d. NAME OF HOSPIT	TAL (If not in hospital, give street	address)	d. STREET ADDRES	SS		e. IS RESIDENCE ON A FARM?
OK INSTITUTION	U. S. Army Hos	pital	17 A	dmiral R	oad	YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Doy Yeor
(Type or print)	Maude	O (Newm	an) Hanks	OF DEATH	Februa	ry 6 19 59
5. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9		INDER 1 YEAR IF UNDER 24 HRS
Female	White WIDOW	ED TK DIVORCED	August 4,	1878	80 yrs. Mo	onths Days Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work dane 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	State ar foreign cou	ntry) 1	12. CITIZEN OF WHAT COUNTE
Housewi			Virgin	nia		United States
3. FATHER'S NAME			14. MOTHER'S MAID	EN NAME		
Willi	an E. Newman		(Unk	cnown)	Corker	
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Address	
(Yes, no, or unknown)	(If yes, give war or dates of service)	Co	1. Ovid For	man. 17	Admiral Rd	l, Severna Park
Canditians, if a gave rise ta i cause (a), stating lying couse lost.	mmediate (rebral arterios	sclerosis			unknown
ICATIC	HER SIGNIFICANT CONDITIONS					N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20b. DESI CAUSE OF DEATH MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injur	y in Port I ar Part I	l of item 18.)	
20c. TIME OF INJUR Haur a. m. p. m.	RY Manth, Day, Year 20d. If While at war	Nat while fa	ACE OF INJURY (Hame, ctary, street, affice bldg.		r town)	(County) (State
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	February 9.5 February 9.5 FORGE B. HAGAN,	CAPT., MC	w.b. U.S. Arm	O AM, from ADDRESS (Stre y Hospita y Hospita	the causes and et, city or town, state 1, Et Geor 1, Ft Geor	on the date stated above the Feb 59DATE SIGN rge G. Meade, M
REMOVAL (Specify)	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O			ON (City, town, or co	
Removal	14/1/59	Greenwood Ce			orth, Texa	
23. EUNERAL DIRECTOR	· l'about	+ lous - bal	1017 1 PATE	REC'D BY REGISTRA	ar 246. REGISTRAI	R'S SIGNATURE

funeral director, fould be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 D FUNERAL SCIOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shau see detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO FUNERAL VS A15 (4) 15M 9/5S

6-		CERTIFICAT	REAL	
	a sull pasts up			
			mark the at the time	
				100 Dillion Spinish St. Co.
			on the latest	
AVEL II AVELLAND LICH				THE REAL PROPERTY.
		. The little of		March 1

	1419	CERTIFICA	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Anne	Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE Maryland	d. If institutions Residence before admission) b. COUNTY Anne Arundel

RURAL and give nearest fown)	c. Citt Ok TOWN (II outside corporate limits, write KUKAL and give nearest town)			
Annapolis	X Annapolis			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDEN		
Anne Arundel General Hospital	Rt 1 Box 15	YES NO		
3 NAME OF SINA MILE.	1			

OR INSTITUTION	ondel Genera		1	d. STREET AD		x 15					FARM?
3. NAME OF DECEASED (Type or print)	AGNES		Middle W HAR	DESTY		4. DATE OF DEATH	Mon FEBRUAR	th Y 8	Do	′	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARRIED N	EVER MARRIED	8. DATE OF BIRTH			9. AGE (In years	IF UNDE		IF UNDE	R 24 HRS
Female	White	WIDOWED [DIVORCED [Aug. 19,	1900)	lost birthdoy) 58 yrs.	Months	Doys	Hours	Min.
during most of wo	FION (Give kind of work prking life, even if retired WIFE)	BUSINESS OR INDI		ce (Stote		ountry)	12. C	TIZEN O		COUNTI
3. FATHER'S NAME				14. MOTHER'S A	AAIDEN N	AME					
Anto	n Steiner			Anı	nie H	arold					
1S. WAS DECEASED EN (Yes. no. or unknown)	/ER IN U. S. ARMED FOR (If yes, give war or dates of s NO	CES? 16. SOCIAL S		INFORMANT s Joseph 1	Mayr-	Daugh	ter- same	ess e as	# 2		
PART I. DE	immediate (teres	(b), and (c).]	+ ani	ue	WE	hon Ne	· m		RVAL BE EJ AND 3 CL	
couse (a), stating	c. (c	Hias	beter						1	ot	gr
ICATIO	ther significant con file lei	, ne	vyi co	ely a	els	ent	lud	EN IN PAI	RT 1(o) 1	PERFO	AUTOPSY RMED?
E 120a. ACCIDENT M	AS UNDERLYING	206. DESCRIBE HO	W INJURY OCCURR	ED. (Enter noture of i	injury in P	ort I or Por	t II of item 18.3	/			

- 4		OR CONTRIBUTING E			
	MEDICA	20c. TIME OF INJURY Hour o. m. p. m.	Month,	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

		eceased from		, 125 O, 10	2-	8	1955, that	last saw the	deceased
alive on	2-8-	19.57, and th	at death occu	urred at 9	AM, fro	om the co	ouses and an	the date sta	led above.

ADDRESS (Street, city or town, state) DATE SIGNED

SIGNATURE	1 con on fe	my	_M.D. J. L/ Carth	idens of	
PHYSICIAN'S NAME (Type)	Frank Shiplev	MD	Annanolis	Maryland	

MANUE (1990) LIGHT DISTOTEN	AT AT	nnapolis, Maryland
220. BURIAL, CREMATION. 226. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county)

purial	reb.	11,	1959	ALL	Hallows	Cemetery	Davids	sonville.	Maryland
23. FUSIER M. DIRECTOR'S S	IGNATURE	11.	~ /	ADI	DRESS		240 PEC'D BY PECISTRAP		

Amapolis, Maryland

DATEEB 1 3 '59

(County)

(Stote)

(Stole)

requires that the death certificate be executed within 24 hours after death." Page by the haspital ar attending physician.

**ROR: After this certificate has been signed by the attending physician and campletely filled detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 at burial, cremation, ar removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The low by the Trok: TO FUNERAL Poge 3 shauld the registror p TO HOSPITAL

funeral director, ruld be filed with

VS A15 (4) 15M 9/S5

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	nancia de la compania.		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital or attending physician.

O FUNERAL DIT FOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld to Jetached for use as the burial-transit permit. Then please remaye carbon pagers. Pages 1 and 1 the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death.

TO FUNERAL DI Page 3 should

VS A1S (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1750 CEPTIFICATE OF DEATH

01445

7,202	CERTIFICA	AIL OI DEAIII	Reg. Dis	st. No.
1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE	deceased lived. If institution: Resident b. COUNTY	ce before admission)
BORAL and Jetter nearest town)	c. LENGTH OF STAY IN 16	1 Ston	le corporate limits, write RURAL and g	give nearest town)
d. NAME OF KOSPITAL (If not in hospital, give street and OR INSTITUTION / OG INSTITUTION	ddress)	d. STREET ADDRESS	t/	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) May Did	Middle		DATE Month OF DEATH 2	5 19 59
5. SEX 6 COLOR OR RACE 7. MARRIE Female White WIDOWED		8. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. Kind dering most of working life, even if retired)	ind of Business or Indu	STRY 11 BUTHPLACE (State or fo	reign country) Mo. 12. CIT	ZEN OF WHAT COUNTRY
13. FATHER'S NAME Frank Kirs	4	14. MOTHER'S MAIDEN NAME	Tunthes.	
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SC (Yes, no. or unknown) (If yes, give wor or dates of service)	OCIAL SECURITY NO. 17.	Oscar 9.1	Hays Address 2	
18. CAUSE OF DEATH [Enter only one cause per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	,	Are (andir	vasular	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cose (o), stating the under-	alse	ase i hypert	'erra	1590.
Iying cause last. (c)	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PAR	T I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I	or Port II of item 18.)	
ZOc. TIME OF INJURY Month, Day, Year 20d. INJ Hour o. m. While of work	Not while fo	ACE OF INJURY (Home, farm, 20 ctory, street, office bldg., etc.)	Of. (City or town) (C	County) (State)
21. I certify that I attended the deceased olive on		occurred ot 1-15 PM	1, from the couses and on the RESS (Street, city or town, state)	
ACTUAL SIGNATURE ST COMMUNICATION STATES		M.D. amor	70	/
NAME (Type)	22c NAME OF CEMETERY C		ACCATION (City, town, or county)	(State)
220. BURIAL CREMATION, 22b. DATE THEREOF ROMOVAL (Specify) 22. EUNERAL DIRECTOR SIGNATURE	Glentaven	Memorical PAGE RECID BY	Flen Burne	e Mal
John M. Jayla Suro	mopole	DATE DATE	AD ACTION S	700000

CALL SHOW AND THE STATE OF	

MARY AND STATE DEPARTMENT OF HEATH-EATHINGRE 18

			1400		11				Dist. No		
1.	DLACE OF DEATH				2. USUAL RESIDENCE (Where decem	ed lived. If institute b. COUNT		dence be	fore odm	ission)
-		rundel		MARYLAND	Sa me		Anne Ar	inde l			
	and give nearest to		, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside cor	porale limits, write	KURAL o	nd give r	earest ta	wn)
-		na Park	A	I fe time	X Same					1 40 0	
		eights Rd	PN (If not in hos	pital, give street address)	d. STREET ADDRESS Same						A FARM?
3.	NAME OF DECEASED		First	Middle	Lost	4. DATE OF	Mant	h	Day	1	fear
	(Type ar print)	Bernette	Wehseh	E.Henson		DEATH	February	12th		1	950
5.	SEX	6. COLOR OR RA	TE 7. MARRIE	D NEVER MARRIED DE 8			9. AGE [In years last birthday]	-	RIYEAR	-	ER 24 HRS
1	F	e	WIDOWE	DIVORCED	1/8/54		5 yrs.	Months	Days	Haurs	Min.
10	USUAL OCCUPAT	TION (Give kind of w	ork done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or fareign c	ountry)	12. C	TIZEN O	F WHAT	COUNTR
	During most of work	None	eoj		Earleigh	Height	is, Md.		Us	0	
13	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			US	<u>c1</u>	
	Bernard	Hongen			Canada	Tiomaa	T				
15	. WAS DECEASED E		FORCES? 16.	SOCIAL SECURITY NO. 17. H	NFORMANT	Hense	n Irvins				
Į¥.	n, no. er unknown)	(If yes, give war or dat	tes of service)			/					
-	No		-		Grace Wensen	(moth	ar)		T		
	ALCOHOLD STATE OF	ATH (Enter only one	W.						ON5	ET AND DE	ATH
	916.0	IMMEDIATE CAUS	E (0)C}	narred above re	ecognition				S	udde	n
	116.0	DUE	то								
	Conditions, if		(b)								
	gave rise to imm	2 5110	ТО							47.00	
	cause fast.		(c)								
	PART II. O	THER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO DEATH BUT IN	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	EN IN PA	RT 1(0)		
Z										YES []	NO 1
ANON											
LIFICATION	200. EXTERNAL C	AUSE WAS	20b. DESCRIBE	HOW INJURY OCCURRED. (8	nter nature of injury in Pa	t I or Port II	of item 18.)				
CERTIFICATION	200. EXTERNAL C. PRIMARY Tor C. CAUSE OF DEATH	AUSE WAS ONTRIBUTING									
1 -	200. EXTERNAL C. PRIMARY G or C. CAUSE OF DEATH	н.	Was i	n bed when hor	me caught on	fire.	Second f		ounty)		(State)
DICAL	CAUSE OF DEATH	H. Month, Day,	Was j	n bed when hor	me caught on	fire.	Second f	(C	ounty)	M	(Stote)
	20c. TIME OF INJ	IURY Month, Day, n. 2/12/59	Was j , Year 20d. I While of wo	n bed when hor	ne <u>Caught</u> on CE OF INJURY (Home, for ory, street, affice bldg., etc	fire.	Second f	(C	ounty)	M , on	id.
1 -	20c. TIME OF INJ Haur a. m 2,40 p. m 21. I certify	NURY Month, Day, n. 2/12/59 that I took cho	Was j , Year 20d. I 19 of wo	n bed when horn NJURY OCCURRED 20e. PLA fact while of work Occurred for the Mone of the Mo	ne caught on CE of INJURY (Home, forrory, street, affice bldg., etc	fire.	Second for or fown) or na Parl hispection [7]	Inqu	iry 🖫	_	id.
L	20c. TIME OF INJ Haur a. m 2,40 p. m 21. I certify	NURY Month, Day, n. 2/12/59 that I took cho	Was j , Year 20d. I 19 of wo	n bed when hor NJURY OCCURRED 20e. PLA Nat white 0 rk (X) of wark Ome	ne caught on CE of INJURY (Home, forrory, street, affice bldg., etc	fire.	Second fine or town) arna Parl aspection V	Inqu	iry 🖫	_	(State)

22c. NAME OF CEMETERY OR CREMATORY

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

EXAMINER'S NAME (Type)

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

4 shauld be
TO FUNERAL DIRE
or its designated VS. A15ME 5M 2/57

First Baptist Cem. 2-15-59

Gustave H. Faubert M.D.

Earleigh Hghts., Md. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

2/12/59

22d. LOCATION (City, town, or county)

DATEFEB 1 6 '59

arthur S. Kraus

(Stote)

CERTIFICATE OF DEATH

01447

1340					Reg. Dist.	140,	
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary Land	here deceased liv	b. COUNTY	n: Residence I		ssion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carporate	limits, write RU	RAL ond give	nearest tow	vn)
Crownsville d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Crownsville State Hospita	oddress)	d. STREET ADDRESS			(0)	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print) Charle	Middle E.	Lost Hill	4. DATE OF DEATH	Montl 2	,	Doy 10	Yeor 1959
5. SEX 6. COLOR OR RACE 7. MARI Male Negro WIDOW		B. DATE OF BIRTH	9.	AGE (In years last birthday) 2+ yrs.	Months Da		
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Unknown	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (SION MATY 18:		lry)		N OF WHA	T COUNTRY
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN UNKNOWN	NAME			1.14	
IYes no or unknown) . III was give wor or dates of services		ospital Reeo	rds	Addre	255		
434.3 DUE TO	Congestive Hear					INTERVAL B	ETWEEN D DEATH
Canditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause lost. (b)	Constrictive Po	ericarditis					
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIVE	N IN PART 1	PERF	ORMED?
	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Part I ar Part II	of item 18.)			
20c. TIME OF INJURY Month, Doy, Year 20d. II While of wor	Not while foc	CE OF INJURY (Home, far tory, street, office bldg., et	m, 20f. (City or	town)	, (Cou	nty}	(State)
21. I certify that I attended the decease alive on 2/19	ed fram 8/9 59 and that death		ADDRESS (Stree	he causes ar	tole)	date stat	ted abave
PHYSICIAN'S Lionel McHenry	1/4	Crownsvil		e Hospit e Hospit			2/10/
220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 7 14 59	22c NAME OF CEMETERY OF CALVA	1	22d. LOCATION	N (City. town, or	county)	Cr. (Sto	ne md
23 FUNERAL DIRECTOR'S SIGNATURE for -	1304 91 Central	ave, DATEEL	d by registral 1 3 '59		rar's sign		

funeral director, ld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld tetached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after-death. VS A15 (4) 15M 10/57

DETAILS OF THE REAL PROPERTY. AND ADDRESS OF THE PARTY OF THE A PERSONAL SELECTION OF THE PARTY OF THE PAR And the state of the particular and the state of the property of the state of the s re to the temperature of the same

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01448

	1462	CERTIFICA	TE OF DEATH	R	eg. Dist. No.
1	b. CITY OR IOWN (If outside corporate limits, write c. LENC	MARYLAND GTH OF STAY IN 16	2. USUAL RESIDENCE (Where o. STATE	b. COUNTY	Uddle Sex Co.
	RURAL orderes nearest town)	SIN OF STAT IN 10	Middle	Course limits, write RURA	L5 × -3
	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION OR INSTITUTION OR TOURST ITOU	ISE	d. STREET ADDRESS	<i>Ť</i>	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	Middle	HILL 4.	DATE OF DEATH FEBRUA	Day Year 1959
5	Female White Widowed Widowed	DIVORCED		PO lost birthdoy) M	WIDER 1 YEAR IF UNDER 24 HRS. Annths Days Hours Min.
	On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	F BUSINESS OR INDUS	RY 11. BIRTHPLACE (Stole or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME Crossan Cros	sley.	Mennie Manden Nam	Footit	+
1	S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL S	SECURITY NO. 13N	seph Crosl	ey Karey	Leo St Md
	18. CAUSE OF DEATH [Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	(b), and (c).	ary occl	Duscon	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	Lescons	i. Cardior	seela	gear
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLE	JTING TO DEATH BUT P	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
121207	OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED	. (Enter noture of injury in Port	t or Port II of item 18.)	
140000	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OF Hour o. m. 19 While of work of the control o	CCURRED 20e. PLA foct while work	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
	21. I certify that I attended the deceased from alive an 2 3 , 19 5	A. (, 1925_, ta accurred at [/: 20/1]		hat I last saw the deceased I an the date stated above
	ACTUAL SIGNATURE SO COLUMN NO 16	2		RESS (Street, city or town, stot	
1	PHYSICIAN'S RICHARD NI PEE	1. ER_	AUNAP	ocis, ho	, , , , , ,
2	20. BUBIAL, CREMATION, 22b. DATE THEREOF 22c. N	AME OF CEMETERY OR	CREMATORY METERY 1	Meddlelow	ounty) State)
2	3. FUNERAL DIRECTORISSIGNATURE LOS AD	map.	DATE FEB		AR'S SIGNATURE

NE OF HEALTH -BALTIMORE, 18		
		101 E. "
	W W	
enderson maked as her absorbed red, ICL 24, Albertania analysis and the second second red to the second red to the second red to the secon		
		1000
SHAMOU CHARGOS OF VALVES PER SECRET IN THE	and the same	STORY A

may be retained TO FUNERAL DIV

VS A15 (4) 15M 10/57

CERTIFICATE OF DEATH

							Reg. Dis	st. No.	
1. PLACE OF DEATH 0. COUNTY Anne Arundel		MARYLAN	11	USUAL RESIDENCE (WHO STATE	ere deceased	b. COUNTY		ce befare admi	ssian)
b. CITY OR TOWN (If autside corpo RURAL and give nearest tawn) Crownsville		17 mays	lb	c. CITY OR TOWN (IF o	utside carpor	ote limits, write F			vn)
d. NAME OF HOSPITAL (If not in he OR INSTITUTION Crownsville State				d. STREET ADDRESS 820 George	Street	t		ON	A FARM?
	First Nathanie			Jones	4. DATE OF DEATH	Mai	nth 2	Doy 14	Year 19 59
Male Negro	WIDO	ARRIED NEVER MARRIED [1885		9. AGE (In years last birthday) 73 yrs.		Days Hours	1
10a. USUAL OCCUPATION (Give kind of during most of working life, even in Unknown	of wark dane 1 f retired)	Ob. KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Stote UNKNOWN		untry)		IZEN OF WHA	T COUNTR
13. FATHER'S NAME Unknown			14	i. Mother's maiden n Unknown	IAME				
15. WAS DECEASED EVER IN U. S. ARN (Yes, no. or unknown) Unknown		6. SOCIAL SECURITY NO. 11	7. INFO	RMANT spital Reco	rds	Add	ress		
lying cause lost.	DUE TO (b) DUE TO (c) NT CONDITION	Syphilitic Ca	rdio	vascular Di		CONDITION GIV	/EN IN PART	ONSET ANI	
PART II. OTHER SIGNIFICAL 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	3 □ 20b □	ESCRIBE HOW INJURY OCCU		nter nature of injury in P	Part I ar Part	II of item 18.)] ON [
20c. TIME OF INJURY Month, D Hour on p.m.	Wh.		PLACE (OF INJURY (Hame, form, street, affice bldg., etc.	20f. (City	or town)	(C	County)	(State)
21. I certify that I attended alive an 2/14 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Lionel	11-11	and that de	ath acc	urred at 10:45A	ADDRESS (Sir Le Sta	the causes of eet, city or town, te HOSPI	and on the state)	à. 2	decease ted above 2/16/5
	THEREON 18-59	22c. NAME OF CEMETER Hosp. Grou	-	EMATORY		ON (City, town, o	,,	(Sta	ite)
23. FUNERAL DIRECTOR'S SIGNATURE	Alek	Web Mu	9,		8 PEGISTR	MIL. 9.131.11.44	STRAR'S SIG		
Nove	NOU	mu!	10						

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	01450
1464 / CERTIFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH COUNTY O. COUNTY WATER OAK POINT - PASADENA AMARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE M. D. COUNTY	Residence before admission) A A
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) THOM AS Widdle Last OF DEATH FEB.	Doy Yeor 14 1959
WHITE WIDOWED DIVORCED 6-30- 1891 67 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. BALTIHORE	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME THOMAS 14 MOTHER'S MAIDEN NAME MAGGIE HETC.	HEN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unknown) [If yes, give wor or dates of service]	-55
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate cause (a), stating the under. DUE TO DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 days
Some lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of two work 19 of	(County) (State)
21. I certify that I attended the deceased from 5/19, 1958, to 2/14, 1959, alive on 2/11, 1959, and that death occurred at 200 M, from the causes an ADDRESS (Street, city or town, standard and ADDRESS (Street, city or town))	
PHYSICIAN'S J. BRADY Sm 177+ Paradeng Many	fand
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Towns or BEMOVAL (Specify) 3-19-59 +6LY ROSARY BALTIM	ORE MID
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eastery are DATEFEB 1 7 '59 246. REGISTRAR DATEFEB 1 7 '59	TRAR'S SIGNATURE

TE OF DEATH	*
	properties of a feet to see
	PARTY PARTY
	A SECTION SECTION

FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be reduined to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files.

TO FUNERAL TAKECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State back of Health, or its designated agent, priar to burial, cremation, or penaval, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		01451	
Rea.	Dist.		

ege .	-		
1,		LACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE* b. COUNTY
)	Ь	CITY OR TOWN (It outside corporate limits, write RUPAL or STAY IN 16 c. LENGTH OF STAY IN 16 condition have been stay of hours.	c. CITY OR TOWN (If guisside corporate limits, write RURAL and give nearest town)
,3	d	1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print) Middle	Kapp DEATH Doy Year Doy DEATH Doy 1959
	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. WIDOWED DIVORCED 1	DATE OF BIRTH 9. AGE (In years loss birthday) 1 Age (In years loss birthday) Nonths Days Hours Min.
	10a. d	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTION OF BUSINESS OR INDUS	12. CITIZEN OF WHAT COUNTRY?
	13.	John Krones	14. MOTHER'S MAIDEN NAME UNDINGWI
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN no. legenthrown) (If you give war or date) of service) Horse A	on in law. Cutonsuille mer
)		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PUE TO Conditions, if any, which gove rise to immediate cause (b), stating the underlying DUE TO	hun, 2nd, 3rd degree g. hours
77	MUL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CERTIFIC		ther noture of injury in Part I at Part It of item 18.)
2	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC Hour a. m. 2-Z019 69 of work of work	TO THE OF INJURY (Home, form, 2014 City or town) (County) (Stote) To me Millers wille a a
		21. I certify that I taok charge of the remains described abor apinion death resulted fram: Natural causes . Accident	
Ź		ACTUAL Elmer Linhardt	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 7 7 7 5
		EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER
	L	BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR PRINCE ADDRESS SIGNATURE ADDRESS	unitary Catous. Med.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Orthur S. Throng

	The same

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1465 CERTIFICATE OF DEATH

01452

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Own Grand
	b. CITY OR TOWN (If outside corporate limits; write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS PLA MLA MA PLA PLA PLA PLA PLA
3.	NAME OF First Middle DECEASED (Type or print) GOORGO I	Ken Lost 4. DATE Month Doy Yeor OF DEATH Felt 119.19
5.		8. DAJE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. 1984 bigHodoy) Wonths Days Hours Min.
10	b. USUAL OCCUPATION (Give kind of work done during most of working life, given if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHERS NAME	14. MOTHER'S MAIDEN NAME THE THE STATE OF T
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	mo Filliam Carty 7208-13 th Place of Som
CATION	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P
CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40. m. 19 While Not while of work 19 of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
	ACTUAL ROS TENNE	n occurred at 1232 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED M.D. Upper Marlboro, Maryland
-	Burial, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O WICOMICO Ch	(31016)
	FUNERAL DIRECTOR'S SIGNATURE itchie Bros. Upper Marlboro, Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

SI SEOMILAGUEREA DE SONTE DE SALETE CHE LYRAM A September 1, S. September, T. Sincipal and Pro Tool orolling and negation that the same A LOCAL BACK, CHANGE OF THE BACK OF THE BA

funeral director, bld be filed with

bined by the hospital or attending physician.

DI TOR: After this certificate has been signed by the attending physician and campletely filled in by a catached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 regions to burial, cremation, or removal, and in any event within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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may pog the r	2
5 5	0)
VS A15 (4) 15M 10/57	1

			i	40	D CERTIFI	10/11	E OI DEATH		1207	Reg. Di	st. No		
		LACE OF DEATH		CX		- 1	USUAL RESIDENCE (W	here decease	ed lived. If institution b. COUNTY	on: Resider	ice befo	re admiss	ion)
	2	ine Arund	el		MARYL	AND	Maryland			more	Cit	או	
9	k	CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN	1 1b	c. CLTY OR TOWN (IF	outside corp					1) /
	(rownsville		3.7	∠mo. 18 da	ys	Baltimor	3	3	VO	1-	4	
	C	OR INSTITUTION TOWNS VILLE	al (If not in hospital, s e State Ho:	spit	et oddress)		613 Corne	ll Str	eet				FARM?
	3. 1	NAME OF	Fir	st	Middle		Lost	4. DATE	Mon	th	Do	ay \	Year
		DECEASED Type or print)	Jı	ılia	n		King	DEATH	1 2	2	3	5	19 59
	5. 5	EX	6. COLOR OR RACE	7. MA	RRIED NEVER MARRIED	B. 1	DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		
	N	lale	Negro	WIDOV			1900		lost birthdoy) 58 yrs.	Months	Days	Hours	Min.
	10a	USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10	. KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Stote	or foreign	country)	12. CI	TIZEN C	OF WHAT	COUNTRY
	T	nknown	ing tire, even ir retired	'			Sough	Carol	ina		U	S.A	
		FATHER'S NAME			TOPIN A SA		4. MOTHER'S MAIDEN	NAME					
1		John Kir	ng				Mary Bea	an					
1			IN U. S. ARMED FOR		S. SOCIAL SECURITY NO.	17. INFC	RMANT		Adde	ress			
e.	1162	Unknown	it yes, give wor or oures or s	ervice)	Unknown	Hos	ital kecore	is					
			TH [Enter only one co	use per	line for (o), (b), and (c).						INT	ERVAL BE	TWEEN
		PART 1. DEAT	TH WAS CAUSED BY:		Cor Pulmon	ale					ON	SET AND	DEATH
		502.1	DUE TO										
1					sthma with C	hroni	e Bronchi ti						
		Conditions, if on gove rise to in	nmediate)	5 0111110 H Z 011 O.	111 0112	o bronchro	.0					
		couse (o), stoting t	he under-										
-	7	lying couse lost.) (c)									
-	5	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED?
-	CA											YES K	NO 🗌
	CERTIFICATION	20a. ACCIDENT WAS	S UNDERLYING	20b. DE	SCRIBE HOW INJURY OCC	CURRED. (Enter noture of injury in	Port 1 or Po	rt II of item 18.)				
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
	MEDICAL	20c. TIME OF INJURY	Month, Day, Yes			Oe. PLACE	OF INJURY (Home, form, street, office bldg., etc.	n, 20f. (Cit	y or town)	(County)		(Stote)
	MED	Hour o.m.	19	White of we	e Not while ork of work			-					
		21. I certify the	at I attended the	deceo	sed from 11.	127	., 1958_, to	2/15	, 19.59	that I	last se	nw the	decense
		alive an 2/1	5/ 16	0 19	/ / /		corred at 5:104						
		^/	/ ////	1/5	n	//			Street, city or town,		ne do		ATE SIGNE
		ACTUAL	ashil 18	At	lies / /XX	A ME	Crownsvi	11e S	tate Hosp	ital	Mid	2	/16/50
		\		-	11/11				occoe-most	A-VOLL 9			1-101-35
		PHYSICIAN'S Li	onel McHer	ry l	lapp in us		Crownsvi	lle S	tate Hosp	ital,	Md.	2/	/16/59
	220		, 22b. DATE THEREC	F	92c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCA	TION (City, town,	or county)		(Stote	e)
		REMOVAD (Specify)	1 2-20-	59 /	Hosp.	Groun	nds	Cros	wnsville	, Md.			
	23.	FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS	- 1	24a. REC	D BY REGIS	TRAR 24b. REGIS				- 1
	1	Leev.	uck	1	Nas	es	DATE	B 2 6 '5	9 ar	hur S.	Krau	A	
		C	uni	6	unce.	n	~.						

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FOR STAT HEALTH DEPT.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If outside corporale limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES NO IN 915 Tyler NAME OF Middle 4. DATE Month Yeni DECEASED ROBERT KLYMAN (Type or print) February DEATH 19 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [] B. DATE OF BIRTH 5. SEX 9. AGE (in years IF UNDER TYEAR IF UNDER 24 HRS. Male White Months Hours Days WIDOWED | DIVORCED T Nov 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Forman- Const. General Const. New York IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Gussie Unknown. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) unknoww Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac IMMEDIATE CAUSE (o) sudden 434.4 DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY CEPTIFICATION PERFORMED? NO IX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Natural causes 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) White 79 19 59 at work at work Annanolis 21. I certify that I took chargered the remains described above, held on Autopsy , Inspection X, Inquiry X, opinion death resulted from: Notural causes A./ Accident ... Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Elmer G. Linhardt NAME (Type) DEPUTY MEDICAL EXAMINER TO February 19, 1959 270. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Israel Cemetery REC'D BY REGISTRAR 20, 1959 Annapolis Maryland 746. REGISTRAR'S SIGNATURE 23- FUNERAL DIRECTOR'S SHENATHER DEEB 2 4 '59 arthur S. Kraus

Annapolis, Maryland

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FOR STATE **HEALTH DEP1**

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please secute the cartificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page should be should be the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files. FUNERAL DARECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State B. It of Health, its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death. M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

0	1455	
Dis.	NI.	

•		PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceas	ed lived. If Institu	tion: Resid	ence bel	fore odm	ission)
		Anne	Arundel		MAI	YLAND	o. State Marylan	d	b. COUNT	Arur	rah		
	b	ond give negrest town) Edgewate		te RURAL	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	outside corp				earest to	own)
	d	NAME OF HOSPITA		(If not in hose	ital, give street addr	ess)	Ld. STREET ADDRESS	er				le. IS R	ESIDENCE
0				ach			Box 43 Rt	. 2					A FARM?
		NAME OF DECEASED (Type or print)		rsf	Middle		Lost	4. DATE OF DEATH	Month		Day		feor
	5. 5		FRANK 6. COLOR OR RACE	7 440015	LANE	50 [7] 0	DATE OF BIRTH	DEATH	FEBRUAR 9. AGE (In years	IFUNDE	19	d	PER 24 HRS.
	J. J	J.L.A.	S. COLOR OR RACE		NEVER MARRI		DATE OF BIRTH	773	last birthday	Months	Days	Hours	Min.
		Male	White	WIDOWED		1146			59 yrs.				
	10o	. USUAL OCCUPATION furing most of working	N (Give kind of work g life, even if retired)	done 10b. Ki	IND OF BUSINESS OF	R INDUSTR	11. BIRTHPLACE (Stole	or foreign c	country)	12. CIT	IZEN O	F WHAT	COUNTRY?
	_	t. Printe:		1	nting shor		Scranton	. Pa.			USA		
	13.	FATHER'S NAME	•				14. MOTHER'S MAIDEN N		N				
1		Frank L	ane					Sarah	Hiller				
		WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO). 17. INI	FORMANT		Address	905 I	rie	Ave	
	Y	les		9-1921	577 1/	0113	Mrs. Alice	T. Le					
			H [Enter only one co	use per line f					*****	TOTAL OF	INTER	EVAL BETW	EEN
		PART I. DEAT	H WAS CAUSED BY:	Cor	diac							T AND DE	
		000	IMMEDIATE CAUSE (ulac					-	- 6	<u>uaa</u>	au
		O O oc)	DUE TO		D 3	60 Y							
		Conditions, if ar	iote couse		Pulmonary	TI	3 C				38	8 yr	S
		(a), stating the u											
		cause last.		:)									
Α.	Q	PART II. OTH	ER SIGNIFICANT COI	ADITIONS CO	NTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERM	INALDISEAS	E CONDITION GIV	EN IN PAI	RT 1(0) 1	PERFC	AUTOPSY PRMED?
0	3											YES 🗌	NO X
	CERTIFICATION	20g. EXTERNAL CAU	SE WAS	Ob. DESCRIBE	HOW INJURY OCCU	JRRED. (En	ter noture of injury in Por	t I or Part (I	of item 18.)		n.		
		CAUSE OF DEATH.			Natural o	auses	3						
	3	20c. TIME OF INJUR				20e. PLACI	OF INJURY (Home, form	20f. (City	or fown)	(Co	unty)		(State)
	MEDICAL	Hour A my	Feb. 14 49	59 While			y, street, office bldg., etc. om⊖		ewater, A	.A. N	larv	land	
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			esulted from:						_	- 4.0	, cen		III IIIy
		opinion dearli	resurted in oni:	MOIDIOI	doses M. Acc	ideni [, Suicide , I	nomiciae	L. Undere	rminea	manne	1. []	
		ACTUAL	1, 6		1/		CHIEF HERICAL CO					DATE	SIGNED
		SIGNATURE	Mul	rin	1		M.D. CHIEF MEDICAL EX	_					
		EXAMINER'S			V		ASSISTANT MEDIC						
		NAME (Type)	Elmer G. L	inhard	t		DEPUTY MEDICAL	EXAMINER 5	Ž	Febr	uary	y 14	1959
	220	BURIAL, CREMATIO	N. 22b. DATE THERE	OF	22c. NAME OF CEME	TERY OR C	REMATORY	22d. LOCA	TION (City, town,	or county)		(Slot	(e)
	B	urial	Feb. 17.1	959	Erlington	Nati	onal Com et	Arli	ington. V	a.			
1	23.	POWERAL DIRECTOR	SSIGNATURE	1	ADDRESS		240. REC'	D BY REGIST	RAR 24b. REGIS	STRAR'S SI	10		
6	HI	PPING FUN.	ERALADME	Thina	polis, Man	rylan	DAVEE	1 8 '59	au	win S.	Travil	-	
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	THE THE PARTY NAMED IN COLUMN TO SERVICE AND SERVICE A		Almai	bire.	
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	Atms, Base c	al biolog a			
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		THE PARTY			Establish (No.
	Marine may	Intended.		25.187	Approximation of the contract

VS A15 (4) 15M 9/55 M

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8	
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CERTIFICATE OF DEATH

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	1469	CERTITICA	TIE OI DEATH	,	Reg. Dist. No.
	COUNTY CHAP CIVURE!	MARYLAND	a. STATE	ere deceased lived. If institut	tian: Residence before admission) Y UNE UNUME
	c. CITY OR TOWN (If outside corporate limits, write c. LENG RURAL and give nearest town)	O Days	e. CITY OR TOWN (II or	tode carporote limits, write.	RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION MAA MANOR!	lorsy/tu	d. STREET ADDRESS	26-121-	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print) Outline Of DeceaseD Type or print)	Mace	y Lost	4. DATE OF DEATH	- 16 1959
	6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED	B. DATE OF BIRTH 191	9. AGE (In years last by Bay) 48 yrs	Months Days Hours Min.
100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole of	r fareign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service)	SECURITY NO. 17. II	POVUICE	Muce	dress
	1B. CAUSE OF DEATH [Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 443 × DUE TO Conditions, if any, which) (b)	(b) ond (c).] O ava v ve hva 1	noid He	aude	INTERVAL BETWEEN ONSET AND DEATH
	gove rise to immediate couse (a), stating the under-lying couse lost.	perter	sery Sele	rates P.V	couls xlene
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	IVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Port II af item 18.)	
MEDICAL		CCURRED 20e. PL/ fact while fact	ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that I attended the deceased from alive on	and that death			Athat I last saw the deceased and an the date stated above. DATE SIGNED
	PHYSICIAN'S FEMUS G	Ruels	e	Odeur	on Md-
23	REMOVAL (Specify) 20/59/20	AME OF CEMETERY OF	Mary	22d. LOCATION (City, town	or caunty) (State)
1	Is aist & Brown	rank	are DATE FEB	- 0 100	thur S. France

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1469

Reg. Dist. No.

01458

1. PL	ACE OF DEATH COUNTY ATUNCEL		, MARYLAND	o. STA		here deceased	b. COUNTY	ester	e before o	dmission)
b.	CITY OR TOWN (If outside corporate limits RURAL and give nearest town) TOWNSVILLE		GTH OF STAY IN 16		OR TOWN (If	outside corpoi	rote limits, write R		ive nearest	town)
1	NAME OF HOSPITAL (If not in hospital, giver or institution rownsville State Hospital)			d. STE	EET ADDRESS		4		e. IS	S RESIDENCE ON A FARM? ES NO
DI	AME OF First ECEASED bype ar print) b3	mer	Middle Roland	Ma	losi atthews	4. DATE OF DEATH	Mon 2	th	Day 2	Yeor 19 59
5. SE	Mala Nama	7. MARRIED [NEVER MARRIED	B. DATE OF	BIRTH : 98 16, 18		9. AGE (In years lest birthday) 05 yrs.			UNDER 24 HRS.
10a.	USUAL OCCUPATION (Give kind of work deducing most of working life, even if retired)	ne 10b. KIND C	F BUSINESS OR IND	DUSTRY 11. BI			ches ter		7.6.7	HAT COUNTRY?
1	ATHER'S NAME William !			14. MOT	HER'S MAIDEN I		Jackson			3,78
IS. V (Yes.	VAS DECEASED EVER IN U. S. ARMED FORCE (If yes, give wor or dates of ser	ES? 16. SOCIAL 219	SECURITY NO. 17 -36-5139	Hospit	al meco	ras	Add	ress		
NOI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoting the under- lying cause last. PART II. OTHER SIGNIFICANT COND	Vereb	ral Hemori osclerotic pertensic	chage Cardi	ovascula				I(a) 19. V	NAS AUTOPSY ERFORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	POb. DESCRIBE H	OW INJURY OCCUR	RED. (Enter na	ture af injury in	Part I or Part	II of item 18.)			S 🔼 NO 🗌
MEDICAL	Oc. TIME OF INJURY Manth, Day, Year Haur a. m. p. m.	While _ N			URY (Home, farm affice bldg., etc		or town)	(C	ounty)	(State)
		19 59 /	2 And that dea	th accurre	ownsvil	le State	reet, city or town, te Hospi te Hospi	end on the state) tal, Mo	e date :	
Bu	BURIAL CREMATION, 22b. DATE THEREOF REMOYAL (Specify) 2-7-5	1 7	100 pirus	esonto Evunt.	Wn Cemet	PI JOCAT	ION (City, town,	not-		(State)
23. FI	UNERAL DIRECTOR'S SIGNATURE	A	DDRESS Thany	De Como	144	D BY REGIST	IEO.	STRAR'S SIG		4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Poge 4 y the hospital or ottending physicion.

OR: After this certificate has been signed by the ottending physician and completely filled in by etached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to burial, cremation, or removal, and in any event within 72 hours ofter death. TO FUNERAL DIR poge 3 shauld by the registror prior t TO HOSPITAL OR

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH 1423

	1423	CERTIFICA	ATE OF DEAT		Reg. Dist.	No.
	COUNTY OF A	MARYLAND	2. USUAL RESIDENCE (W. o. STATE		If institution, Residence	before admission)
	C. CIDY OR TOWN (If outside corporate limits, write RIPRAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN-III	outside carporote lim	nits, write RURAL and giv	re nearest town)
	S. NAME OF HOSPITAL of no in hospital, give street address OR INSTITUTION LEVEL STREET	ess)	d. STREET ADDRESS	adison	Place	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print) NUMBER Type or print)	I Middle	Envens	4. DATE OF DEATH	Month 2	Day Year 10 19 59
5.	Male 6. COLOR OR RACE 7. MARRIED [Male Widowed [DAC, 3 18	886 9. AGE	1 1 1 1	YEAR IF UNDER 24 HRS. Pays Hours Min.
1	creman Ket tues	City /	is anno	poles	md 2	EN OF WHAT COUNTRY?
	Damuel Ower		14. MOTHER'S MAIDEN	Bas	il	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	IAL SECURITY NO. 17.	ruby E.	Divens	Address	2)
	18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if ony, which gave rise to immediate cotse (a), stoling the under-lying couse lost. (c)	emin ausen	a of	Met	Tra	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	SINAL DISEASE COND	DITION GIVEN IN PART 1	PERFORMED? YES NO
L CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	D. (Enter nature of injury in	Port I or Part II of it	em 18.)	
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJUR Haur o. m. 19 While at work	Not while fac	ACE OF INJURY (Home, far ctory, street, affice bldg., et	m, 20f. (City or town	n) (Cau	unty) (State)
	21. I certify that I attended the deceased falive an	and that death	19 , 10 , 10 accurred at 2 pm. 19 m.	1 1 1	causes and on the	st saw the deceased date stated above. DATE SIGNED
220	Surval 2-13-59 A	Thmes	Cemetery	22d tocation (c	ity, town, or county)	(State)
23.	TVEM My Leyler Sens a	ADDRESS	ma	D BY REGISTRAR	24b. REGISTRAR'S SIGN	IATURE

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ADDRESS

24g. REC'D BY REGISTRAR

3 '59

246. REGISTRAR'S SIGNATURE

Q E Q C VS A15 (4) 15M 9/58

UNERAL DIRECTOR'S SIGNATU

death.

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The work with the second Congress of the constitution of May appear Control Secretarial Discontinue of Control o Farme B Gueen B 22 Convide Cotonel William 14-5-1889 69 Collection of the College will be a second of the second o - Santal Menager - Didle More Morthan and the Charles of the Board of the Continue of The transfer of the contract o The Man Dan Stand Towns Town I Com

essary, please exe-	Page 4 shauld be		burial, cremation,
d within 24 haurs after death. If any delay is necessary, please exe-	8. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be	by be retained for your files.	rmit. File pages I and 2 with the registrar prit. burial, cremation,
within 24 haurs	Give Pages 1,	M3. Page 5 m	nit. File poges
0	00	D.	5

220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 3-3-5

23. FUNERAL DIRECTOR'S SIGNATURE

			NT OF HEALTH—BALTS CERTIFICATE OF		01464
	1426				Dist. No.
	LACE OF DEATH COUNTY GUNF ARUNDED	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE	b. COUNTY	ridence before admission)
b	ETTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	prate limits, write RURAL	and give nearest town)
Co	NAME OF HOSPITAL OR INSTITUTION (IF not in I	pospital, give street address)	d. STREET ADDRESS	PAL St	e. IS RESIDENCE ON A FARM? YES NO
-1	IAME OF ECEASED (Type or print)	-Middle	Lost 4. DATE OF DEATH	Month 2	Doy Year 28 1959
5. S	6. COLOR OR RACE 7. MAR WIDOV		9-19-1896	P. AGE (In years last birthday) Months	ER TYEAR IF UNDER 24 HRS. Doys Hours Min.
	USUAL OCCUPATION (Give kind of work done 10th most of working life, even if retired)	S. Pout, Priwte	RY 11. BIRTHPLACE (Stole or foreign con	untry) 12. C	ITIZEN OF WHAT COUNTRY?
13.	SAMUEL QUI	afey	14. MOTHER'S MAIDEN NAME HUNA PUR	CELL	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17. II	ESLIE A. Qui	Address #	2
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 14.3 4.4	e for (a), (b), and (c).]	esse		INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), staling the underlying cause last. (b)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINALDISEASE	CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
-3 -	20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	IBE HOW INJURY OCCURRED. (E	nter nature of injury in Part I or Part II o	f item 1B.)	
	Haur a. m. WI		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	or town) (C	County) (State)
	21. I certify that I taak charge of the death resulted fram: Natural causes	-		spectian [], Inqu determined cause [iry [], and find that
	ACTUAL SIGNATURE Churchasil	4	_M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
	EXAMINER'S F. LINGA	ndt.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER		Wheley

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

224 LOCATION (City, lawn, or county)

246. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATEMAD A

(State)

VS. A15ME(S) SM 9/55

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	gned by	permit.	the registrar priar ta burial, crematian, ar remaval, and in any event within 72 bours after death.	
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ined by	io.	Ne d	prior t	
be refo	NERAL	3 shau	egistrar	
may	TO FU	SS page 3 shaw the detached for use as the burial transit permit. Then please remave carbon papers. Pag	the r	
S A	115	55)	

	1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before o. STATE b. COUNTY b.	admission)
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Carmapala	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neare	est town)
)	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION A Sewal Hayrial	d. STREET ADDRESS	IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) BENJAMIN RS	Losi 4. DATE Month Day OF DEATH Feb 3	Yeor 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 1/2 2/7 8 9. AGE (In years IF UNDER 1 YEAR II Months Days Property Pr	FUNDER 24 HRS. Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF INDUSTRIES	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF 14. MOTHER'S MAIDEN NAME	WHAT COUNTRY
	Lemvel Redmiles	Mary Ann Shoemaker	
1		NFORMANT 12ABETH MORRIS Churchton	MD.
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	many Colume Inter	YAL BETWEEN I AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) Blood train (c) Multiple 9	efection for	2 Twh.
	5 Carcinom of bedy of pa	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. L. (Enter noture of injury in Port I or Port II of item 18.)	WAS AUTOPSY PERFORMED? YES NO
		2. (Enter notice of injury in cont i or cort ii of field is.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 While of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) ctory, street, office bldg., etc.)	(Stote)
	21. I certify that I attended the deceased fram. 2 = 3 alive on 2 = 3 , 1939, and that death ACTUAL SIGNATURE Frank Melifly	accurred at 9 15 A.M., from the causes and an the date ADDRESS (Stroet, city or town, stote) M.D. 121 Cathodial H.	
	PHYSICIAN'S Frank MShiplay	annapoli my	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETORY OF REMOVAL (Specify) 2/5/59 WOOD of fire / d	R CREMATORY 22d, LOCATION (City, toyth, or county)	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE LAND HELDERS LANDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE FEB 1 8 '59 Chiling S. Kraus	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01466 tems 18-21 Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. Na. EALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY files. Health, b. COUNTY Anne Arundel MARYLAND Maryland Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 01% - 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Hawkins Point, Chesapeake Bay R.F.D. 2, Box 34 0 6 Stat 3. NAME OF Middle 4. DATE Month DECEASED JOHN STONER REXRODE DEATH (Type ar print) February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE itn years IF UNDER TYFAR Months Days WIDOWED | DIVORCED T white 10-15-1928 male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? pup during most of warking life, even if retired) Beth. Steel U.S. Crane hooker Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Labon C. Rexrode Fannie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address IYes, no. or unknown? (If yes, give wor or dates of service) W.W. Mrs. Doris W. Rexrode, Sykesville, Md. with 216-22-5080 B. CAUSE OF DEATH [Enter only one couse per fine for (a), (b), and (c). olong 0 0 PART I. DEATH WAS CAUSED BY: a Drowning (body found buried in sand on IMMEDIATE CAUSE (a) urial-transit d Office river bank) DUE TO Conditions, if ony, which gave rise to immediate couse DUF TO (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 10) 19. WAS AUTOPSY YES TO 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II at item 18.) ound covered bank on 2/23/59 bv sand 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year While Not while factory, street, office bldg., etc.) of work of work (County) Hour a.m. 02 Anne Arundel 21. I certify that I took charge of the remains described above, held on Autopsy 27, Inspection 17, Inquiry 17 rded CTOR: Suicide . Homicide . Undetermined monner X opinion death resulted from: Natural causes / Accident / ACTUAL M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER TO EXAMINER'S desi Charles S. Petty, M.D. shauld FUNER NAME (Type) DEPUTY MEDICAL EXAMINER 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 4 e Finksburg, Evergreen Mem. Gardens **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Winfield. Md. C. M. Waltz.

e. IS RESIDENCE ON A FARM?

YES NO

Year

IF UNDER 24 HRS.

PERFORMED?

NO T

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DATE SIGNED

(State)

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DATEFER 2 6 '59

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Hours

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ON A FARM?
YES NO

Year

1959

Day

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10a.		ng life, even if retired	dane 10b. KIND	OF BUSINESS OF	INDUSTRY 11. 8IR	THPLACE (State of	r foreign cauntry)	12.	CITIZEN OF WH	AT COUNTRY?
	locst (rund	de Tion	ede		110,				
13.	FATHER'S NAME	. /			14. MOTH	ER'S MAIDEN NA	AME			
	UNI	Know			C	NKno	~			
	WAS DECEASED EVER			L SECURITY NO.	17. INFORMANT			Address		
1 .		yes, give wor or dates of		-24-415	2 T-A	noly		San	ب	
	18. CAUSE OF DEAT	TH [Enter anly one c	ause per line far	(o), (b), and (c).]			11	1	INTERVAL	
		H WAS CAUSED BY:	li.	-	00000	04	f/12.	1	ONSET AN	DEATH
	11201	IMMEDIATE CAUSE () (AC	ule-	Ceson	wy	cores	would	197	our.
	the or con.	DUE TO	11.		1 1	6	,	1	,	
	Conditions, if an	v. which)	. Unto	DIAME.	Vonate	· (aso	dia-van	inte de	nein 2	JURAL
_	gove rise to im	mediate	b) cone	MAKE	view	Cour	nover	mer un pro	Jean ZV	june
	cause (a), stating t	he under DUE TO		1.	1/1	4.1.	-	4/1	5 - 6	
	lying cause last.) (c) gener	allead	nighess	rotheel	allon	Mousely	14	ears
NO	PART II. OTH	ER SIGNIFICANT CON	TIONS CONTR	BUTING TO DEA	TH BUT NOT RELATE	TO THE TERMIN	IAL DISEASE CON	DITION GIVEN IN I	ART 1(0) 39. WA	S AUTOPSY
Ĕ	1/01	of and		1	L	1-	1	1 .	PER	FORMED?
õ	CCCC	000	us a	ujecu	on L	acys .	auras	TING	YES [NO
Ē	OR CONTRIBUTING	UNDERLYING	20b. DESCRIBE	HOW INJURY OC	CURRED. (Enter note	re of intury in Po	ort I ar Part II of	tem 18.)		
9	(IF EITHER, NOTIFY A	MEDICAL EXAMINER)								
AL	20c. TIME OF INJURY	Month, Day, Ye	or 20d. INJURY	OCCUPPED	On PLACE OF INITI	DV (Name form	1206 16:4			10
읽	Hour a.m.	Monin, Day, 11		Not while	20e. PLACE OF INJU factory, street, of	office bldg., etc.)		n)	(Caunty)	(State)
ME	p. m.	19	at work [,			
	01 4 416 4			Care	10000	En E	1	n. wo.		
	21. I certify the	at attended the	deceased fr				-	219.5%, that		
	alive on LLL	mary 1	1909	and that	death occurred	at 2:10 %	M. from the	causes and a	the date sto	ited abave
		- / ,	1				DDRESS (Street			DATE SIGNED
	ACTUAL Z	m m	· Inn	1. /	RE	nd A.	111		1. 0 F. 1	016
	SIGNATURE	11111111	nung	nin	M.D	V8 12144	42/18	allely h	14. 12ll	12,195
	BUVEIGUALUE	Den de	1//	.//.						,,,,,
	PHYSICIAN'S NAME (Type)	K.NI.1110	Laug	MIIN		*********				
22a.	BURIAL, CREMATION	, 226. DATE THERE	OF 22c.	NAME OF CEME	TERY OR CREMATOR	Y 2	22d. LOCATION (City, tawn, or caunt	y) (SI	ote)
	REMOVAL (Specify)	0-5-	1-9	114 01	ルルニナ	Cem	DA 1-1		KIN	
-	music	1 2 - 7	5/	191.01	1001		8467	on one	1-10	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	,		BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	
14	12 Golly Fo	merces 140	me 29 13	C E. 70	it are	DAFEB 3	3 '59	C-1 0	10	
								Jane 7 S	Frank	
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TO FUNERAL D VS A15 (4) 15M 9/55

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. It/institution: Residence before admission) COUNTY c_CITY OR TOWN (If outside corporate limits, will RURAL and give negrest town) IS RESIDENCE ON A FARM? YES NO Manth Doy Yeor 19 IF UNDER 1 YEAR IF UNDER 24 HR 9. AGE (In years lost birthdoy) Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH 2- hrs 2 4155 18 has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO (Stote) (County) 19 59 that I last saw the deceased , and that death occurred at 7.00 f M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

22d_LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATURE

24a. REC'.D. BY REGISTRAR

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

0 VS A15 (4) 15M 9/55

FUNER n

220. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14/1			Keg. Dist. No.
PLACE OF DEATH	2	2. USUAL RESIDENCE (Where deceased lived. If institution	on: Residence before admission)
o. COUNTY Anne Arundel	MARYLAND	o. STATE Maryland b. COUNTY	Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write R	URAL and give nearest lown)
Glen Burnie	140	X Glen Burnie	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	ital, give street address)	d. STREET ADDRESS	e. IS RESIDENC
112 Jerome Parkway		112 Jerome Parkway	YES NO
NAME OF DECEASED First	Middle /	Lost 4. DATE Month	Day Year
(Type or print) GERTRUDE	L. SE	CHLHORST DEATH Febr	uary 2 1959
SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 1 8. D	A Land Land Land Land Land Land Land Land	FUNDER TYEAR IF UNDER 24 H
Female White WIDOWED	DIVORCED DI	1907 55 yrs.	Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. Klt during most of working life (see it vettired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
The state of the s	Nuy	ma	1/150
B. FATHER'S NAME	101 11	MOTHER'S MAIDEN NAME	0 1
tranc ser	alhorst	matilda Ino	stack
	OCIAL SECURITY NO. 17. INFO	DEMANT A A A A Address	1
(Yes, no, or unknown) (If yes, give wor or dates of service)	1609-2319	tred sellen &	1/2 Know
18. CAUSE OF DEATH Enter only one cause per line for			CINTERVAL BETWEEN
BART I DEATH WAS CAUSED BY			ONSET AND DEATH
IMMEDIATE CAUSE (a) A.C.	ute Alcoholism.		
3 L d. O DUE TO			
Conditions, if any, which (b)			
(a), stating the underlying DUE TO			
couse last. (c).			
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ITRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES A NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	HOW INJURY OCCURRED. (Enter	r nature of injury in Part I or Parl II of item 18.)	
2	£ 4	OF INJURY (Hame, form, 20f. (City or town) street, affice bldg., etc.)	(County) (State
Hour a.m. White of work	Not while ractory,	singer, office blogs, etc.)	
21. I certify that I took charge of the re	mains described above	, held an Autopsy X, Inspection ,	Inquiry [], and in m
opinion death resulted from: Natural co	1		mined manner
talong co	ioses III, Accident	, soldide [], Homicide [], Olideren	miled monner
ACTUAL ELINIT	/ MONI	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE (MY	The Cham	ASSISTANT MEDICAL EXAMINER M	2/2/59
EXAMINER'S	W D	DEPUTY MEDICAL EXAMINER	-1-107
NAME (Type) Paul F. Gue:			
220. BURIAN, CREMATION, 226 DATE HEREOF	12c. NAME OF CEMETERY OF CRE	EMATORY & 22d. LOCATION (City, town or	guniyi By Ot Stote)
3. FUNERAL DIRECTOR'S SIGNATURE	,ADDRESS/1/ A	O Jacobs March	TRUO MO
Mary Ca 7	int Bly Our		RAR'S SIGNATURE
	11-1-1	May 2 159 7 17.	# Y @ A

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE I

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	1420	CERTIFICATE OF DEATH	1 Reg. Dist. No. 0144
)	1. PLACE OF DEATH O. COUNTY D. CITY OR TOWN (If outside corporate limits, write c. LENGT RURAL and give nearest town)	MARYLAND O. STATE AR	LAND b. COUNTY ne Avin de l'utiliste corporate limits, wite RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ANNE NRVNDEL TEN	1ERAL R. A.	E/BOX 254 0. IS RESIDENCE ON A FARM? YES NO NO
	3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NE	Middle Lost SHOPE EVER MARRIED 8. DATE OF BIRTH	4. DATE Month Day Year DEATH 2 1959 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	100. USUAL OCCUPATION (Give kind of work done during most of working) life) even if retired)	BUSINESS OR INDUSTRY 11. BIRTHPIACE (SIGNE	or foreign country) Ost birthdoy) Months Days Hours Min.
	13. FATHER'S NAME EARL M. SHOP 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE	14. MOTHER'S MAIDEN N 15. MOTHER'S MAIDEN N 16. MOTHER'S MOTHER'S MOTHER'S MAIDEN N 16. MOTHER'S MOTHER'	HANE L-140FF13 Address
	[Yes, no. or unknown) [(If yes, give war or dates of service)	NE FATHER	Same As #2
/	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO		ONSET AND DEATH
	lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOFSY PERFORMED? YES NO
		W INJURY OCCURRED. (Enter noture of injury in I CURRED 20e. PLACE OF INJURY (Home, form	20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCC While Not of work	- 1	e by 2-8, 1959, that I last saw the deceased
	actual signature Clay ton It	and that death accurred at 8 . Zef	M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED Z-28-5
	PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION 228. DATE THEREOF 22c. NAME REMOVER (Specify)	ME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) (Stote)
	23. FUNERAL DIRECTOR & SIGNATURE 47 1937 OC.	RESS Barrie DA PLAN	D BY REGISTRAR'S SIGNATURE 4 '59 Orthur S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DESTRUCTOR After this certificate has been signed by the attending physician and completely filled in the property page 3 should be filled in the control of the complete of the control VS A15 (4) 15M 9/55

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		14	74									Reg. Di	st. No.		
1.	PLACE OF DEATH						USUAL RESIDEN	ICE (Whe	ere decease	d lived. If ins		n Residen	ce befa	e admiss	ion)
	ANNE	ARUNDEL			MARYLAND		MARYLAN					/	7.1		
	RURAL and give ne		ts, write	c. LENGTH OF	F STAY IN 16	1	c. CITY OR TOV		tside corpo		ite RUI	RAL ond	give nec	rest town	1 🗸
20	RT GEO. G.	AL (If not in haspital, g	ive street	oddress)		1	d. STREET ADD		ye mirric	TOES .				e. IS RES	IDENCE
	U. S. ARM					1			pport	Elemer	nt			ON A	PARM?
3.	NAME OF	Fir	st		Middle		Lost		4. DATE OF		Month		Do	у	Year -
	DECEASED (Type or print)	Ri	char	1	-	Sil	verman		DEATH	F	ebr	uary	2	5	19 59
5.	SEX	6. COLOR OR RACE	-		MARRIED X	-	ATE OF BIRTH			9. AGE (In ye	ears [FUNDER	1 YEAR	IF UND	R 24 HRS.
	Male	White	WIDOW	D DI	VORCED [11	May 19	37		21	yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSIN	NESS OR IND	USTRY	11. BIRTHPLAC	E (Stote o	or lareign c	ountry)				F WHAT	COUNTRY
	Soldier	ing me, even it remed		U. S. 1	ARMY		Mis	sour	i				USA		
13.	FATHER'S NAME					14	MOTHER'S M	AIDEN N	AME						
	Ralph Si	ilverman					Mary								
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECUR	TY NO. 17.	INFO	MANT Pers	sonne	el Re	cords	Addre	55			
111		6Nov56 to		357-28-	56111 1	Ft (George (J. Me	eade.	Md					
		TH Enter only one co											INT	ERVAL BE	TWEEN
		TH WAS CAUSED BY:		phyxiat:									ON	DOA	DEATH
	0170	DUE TO		DILY ALCO.	2.021										
	John St		Com	bon Mon	ovido '	Tnhe	alation								
	Conditions, if all gave rise to in	mmediate		DOLL INTOLL	OXTUE .	111116	arauron								
	cause (o), stating	the under- DUE TO													
z	lying cause lost.	IER SIGNIFICANT CON	DITIONS (CONTRIBUTION	TO DEATH BI	IT NOT	PELATED TO TH	JE TERALI	NIAL DISEAS	E CONDITION	LGIVE	NI INI PAP	T 1(a)	O WAS	ALITOPSY
CATIO	PART II. OTF	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING	TO DEATH BE	31 1401	KEGNIED IO II	TE FERMI	INAL DISLAS	ic constitution	1011	IN HAT CON	, ,(0)	PERFO	RMED?
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	Sub	cribe How IN.	pparen	tly	comm	itte	d su	rcide	oy	sitt	ing	in	car
AL	20c. TIME OF INJUR	Y Manth, Day, Ye		NJURY OCCURR	ED 20e. I	PLACE	OF INJURY (Ho	me, form,	, 20f. (Cit-			(1	County)		(State)
WEDICAL	Hour o. m.	Feb 25 15	While at war	Nat while	and the same of th		street, affice b		FOR	T GEO.	G.	MEAT	F. A	A MD	
>		100 ~))					1dg T-4				-				1
		at I attended the					_, 19_59,								decease
	alive on	7		, and	that deal	th oc	curred at U						he da		ed abov ATE SIGNE
	ACTUAL		1/1							itreet, city or t			05	- 12	
	SIGNATURE	mony	7/	~~		_ M.D.	USAH,	Ft.	Ga_Ga	Meade.		1	25_	Feb	59
	PHYSICIAN'S NAME (Type)	YRON J MYE	RS. M	D			USAH	Ft G	eorge	G. Mea	ade	, Md			
22	BURIAL, CREMATIO	N, 226. DATE THEREC)F	22c. NAME C	F CEMETERY	OR CR	EMATORY		22d. LOCA	TION (City, to	wn, ar	county)		(Stat	e)
	REMOVALITY)	2-26-5	59	Mt.	Sinai	Cem	etery		St.	Louis	. M	isso	uri		
23	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS				4a. REC'I	D BY REGIS			TRAR'S SI	10		
W	illiam Co	ok, Inc., I	217	St. Paul	1 Stre	et	0	ATEMAT	2 '5	9	arti	nus S.	Tiral	A.	

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL D

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1959

Min.

Rea. Dist. No.

e. IS RESIDENCE ON A FARM? YES NO

23 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours

12. CITIZEN OF WHAT COUNTRY

U.S.A.

Day

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED?

72 Hrs

5-10 years

YES NO

(County)

(State)

Crownsville State Hospital, Md.

DATE SIGNED

246. REGISTRAR'S SIGNATURE

With I will the

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1430

CERTIFICATE OF DEATH

Reg. Dist. No. 1474

1.	PLACE OF DEATH	Anne Arund	el.	MARYLAN	II.	o. STATE Mary la		ere decease	d lived. If institution b. COUNTY Anne			re odmissi	on)
	RURAL and give no		its, write	c. LENGTH OF STAY IN 1	ТЬ	c. CITY OR TO		utside corpo	orote limits, write f	URAL ond g	give nec	rest town	
-	Annap	OLIS	Tive street	adds	-1/	d. STREET AD	~					e. IS RESI	DENICE
		'AL (If not in hospital, s	_		1	G. SIKEEL AD	DKE 33					ON A	FARM2
		Arundel Ger	neral	Hospital								YES 🔲	NO [4]
	NAME OF DECEASED (Type or print)	James		Bryant		Snead	1	4. DATE OF DEATH	Februar		200		e 59
5.	SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED	8. 0	DATE OF BIRTH			9. AGE (In years	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.
	Male	White	WIDOWI	DIVORCED) F	ebruary	20	1959	lost birthday)	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO		done 10b.	KIND OF BUSINESS OR IN	NDUSTRY			or foreign co	ountry)		IZEN C	F WHAT	COUNTRY
13.	FATHER'S NAME				1	4. MOTHER'S A	MAIDEN N	AME					
	Cilbert	Floyd Sne	24:			Ar	rline	Louis	se Evhav	Erhe	eart		
15.				SOCIAL SECURITY NO. 11	7. INFO	RMANT		230 (12)	Add				
	s, no, or unknown)	(If yes, give war or dates of s		none		Moth	ner		Riva,		and		
				ne far (a), (b), and (c).]			4					RVAL BET	
	PART I. DEA	TH WAS CAUSED BY:	. Me	diastinal em	phu.	sema +	hila	knal n	neumoth	orax	UN:	SET AND	DEATH
	7620	DUE TO			PIVI			-					
	Conditions, if o			Maneous aler	da	suptan	15 111	AL Dev	ihilar v	essels		2 hrs	
	gave rise to i	mmediate		invitation and a		Jugitan	5 / / / /	J'CT	iriiar r	523012	-	~ 116.	,
	couse (a), stoting	the under- DUE TO	,										
z	lying cause lost.) (0		CALIZABIRUTINIC TO DOLLTU	DIJT NIC	7 851 4752 70 7					1		
CATION			מאסווומו	CONTRIBUTING TO DEATH	ROLNO	I RELATED TO T	THE TERMIN	NAL DISEAS	E CONDITION GIV	VEN IN PART	[](a) []	PERFOR	MED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in P	ort I or Por	t II of item 1B.)				
MEDICAL		Y Month, Day, Ye	or 20d. It	NJURY OCCURRED 20e.	PLACE	OF INJURY (He	ame, farm,	20f. (City	or town)	(0	County)		(State)
AED!	Hour a.m.	19	While at wor	Not while	tactory	, street, office t	bidg., elc.						
_			_		· L.	<9		215	eb	2			
		at I attended the	deceas	ed fram. 21 FE		. 19.59		2//-	eh , 1959	_,that	last so	w the	deceased
	alive an	21 1-60	., 19	4, and that de	ath a	corred at 3					ne da	te state	d abave
		1.01	1.1	. 0					lreet, city or town,	state)		_	TE SIGNED
	ACTUAL SIGNATURE	James X 1	Mar	un h -	M.D	RIV	rer Cl	uh Es	tates		2	3 Fel	559
		1.	11.	11/10									
	PHYSICIAN'S NAME (Type)	TAMES 1.	HUD	SON, Jn.		Eds	ewal	Er. Mi	d.				
220	BURIAL CREMATIO	N, 226. DATE THEREC)F	22c. NAME OF CEMETER	Y OR C	REMATORY		22d LOCAT	TION (City, tawn.	or county)		(Stote	1
	UPEMOVAL (Specify)			Fort Lincol					ce Georg		Me		,
22	FUNE AL DIRECTOR	10 /01	•	ADDRESS	-41 0					STRAR'S SIC			na
12	Mont		3//	-	3.5	, 2	FFR	2 5 '59	IKAK 246. REGI				
	Hoppi	ing paperat	/II/me	Annapolis	, M	1. 1	DATE	2000	UA	lun 8. 4	trans		
	206	3 442	XV.	5									

VS A15 (4) 15M 9/55

TO HOSPITAL OR

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THE SCHOOL SHOWS HE WAS		7711304		Market Mark

CERTIFICATE OF DEATH Reg. Dist. No. 1) 1 4 director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission a. COUNTY b. COUNTY MARYLAND deoth. unerol b. CITY OR TOWN (If outside corporaté limits, write c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Pe RURAL and give nearest town) P hours after d. NAME OF HOSPITAL not fin hospital, give street address e. IS RESIDENCE ON A FARM? YES NO 2 NAME OF Middle Lost 4. DATE Month Year filled DECEASED 24 OF DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HES 5. SEX DATE OF BIRTH last birthday) Months Doys Hours Min. DIVORCED | WIDOWED | popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ofter death during most of working life, even if retired) and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT JUSEPH, S, STEWART-SEV 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: DA. IMMEDIATE CAUSE (o) that DUE TO ony Canditians, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause last. buriol-tronsit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Haur o. m. Not while While of work at work ... 1921, that I last saw the deceased 21. I certify that I attended the deceased from. _, and that death accurred at 4:20 TM, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 4 THE DRING ST etain shou PHYSICIAN'S he registror NAME (Type) 05415 FUNER 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge 0 24a. REC'D BY REGISTRAR TZ -814 VS A15 (4) 15M 9/55 arthur & Kraus DATE FFR 9 Partinne 11

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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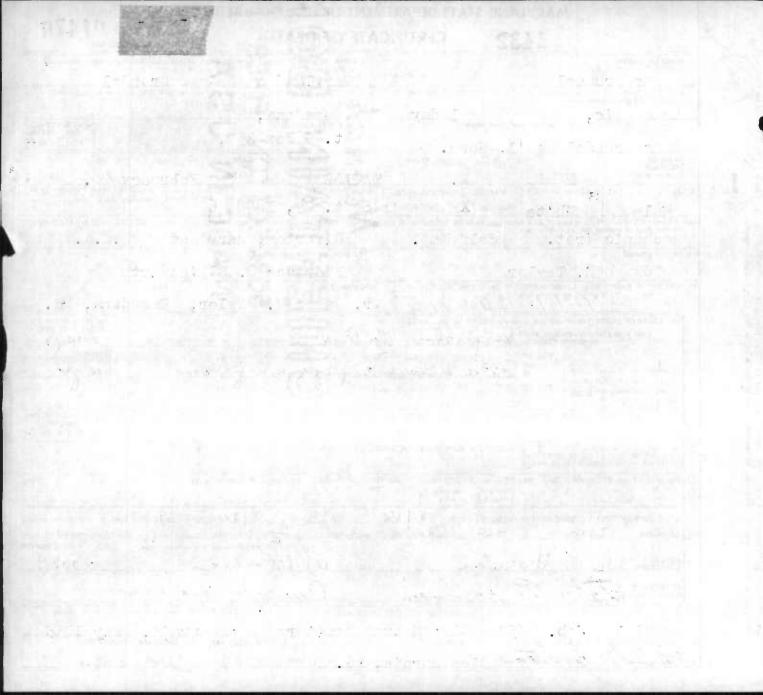
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained the hospital ar ottending physicion.

TO FUNERAL DIME, OR: After this certificate has been signed by the attending physician and completely filled in by unerol director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, crematian, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	739	4	LKIII (Ç.	715	OI DEAII	Mark the last		Reg. D	ist. No.	
1. PLACE OF DEATH o. COUNTY Anne Ar	undel		MARYLAND	0.	SUAL RESIDENCE (WH STATE Mary land	ere decease	b. COUN			idmission)
b. CITY OR TOWN (IF	outside corporate limits, w	rite c. LENGTH	OF STAY IN 16		CITY OR TOWN (If o	utside corpo				t town)
RURAL ond give ne		7 (dav	X	Pasadena	RF	D			
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, give s	reet address)			STREET ADDRESS	359				S RESIDENCE ON A FARMS
Anne Aru	ndel Gen'l	Hosp.	M. 1 H	11		7				
DECEASED (Type or print)	First EART.	R.	Middle	PAYI	Lost COB	4. DATE OF DEATH		Month ruarv	Doy 20 -	Yeor
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVE	R MARRIED	8. DAT	E OF BIRTH		9. AGE (In yes	ors IF UNDE		UNDER 24 HRS.
Male	mill rel		DIVORCED 🔲	Ser		898		rs.		ours Min.
10a. USUAL OCCUPATIO during most of worki	N (Give kind of work done ing life, even if retired)	10b. KIND OF BUS	INESS OR INDU	JSTRY 1	The second second		ountry)			HAT COUNTRY?
Mechanic	(ret.)	Self Er	mp.		Riverton	i, Ma	ryland	. U	.S.A.	
13. FATHER'S NAME				14. /	MOTHER'S MAIDEN N	IAME				
Edward	R. Taylor				Florence	E. :	Ellins	worth		
	IN U. S. ARMED FORCES?	16. SOCIAL SECU	RITY NO.	INFORM	ANT		-	ddress		
no	///////////////////////////////////////	I Unknow	on 1	Mr.	James M.	Tay	lor,	Rasad	ena.	Md.
PART I. DEAT 527.1 Conditions, if on gove rise to in couse (o), stoting the lying couse lost.	n mediote	er line for (0), (b), Drupin al	Onerwy	oil cu	ur plupema	+ 6	bressis		INTERV ONSET	AL BETWEEN AND DEATH
PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTHEY)	ER SIGNIFICANT CONDITIC	INS CONTRIBUTING	G TO DEATH BUT	T NOT R	ELATED TO THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN PA	- F	WAS AUTOPSY PERFORMED? ES NO T
	S UNDERLYING [] 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW IN	NJURY OCCURRE	ED. (Ente	er noture of injury in f	Port I or Por	t II of item 1B.)			
20c. TIME OF INJURY Hour o. m. p. m.	V V	0d. INJURY OCCUP Vhile Not whi I work ot work	ile fo	LACE OF	INJURY (Home, form treet, office bldg., etc.	, 20f. (City	or town)		(County)	(Stote)
21. I certify the	at I attended the de	ceased fram	2/18	/	19 54, ta	2/2	ر, 19 ف	Sthat I I	ast saw t	he deceased
alive an	2/20	19.59, an	nd that death	h accu	rred at 2 40	-				ated abave
ACTUAL SIGNATURE	lu C. Hads	aven			121 (a)	ADDRESS (S	treet, city or to	wn, stote)	7	20 59
PHYSICIAN'S NAME (Type)	Tohn P.	Heden	nen		Cema	ndi	, wa	,		
220. BURIAL, CREMATION REMOVAL (Specify) Burial	N, 22b. DATE THEREOF	22c. NAME	OF CEMETERY C		Lemeterv	-	TION (City, tow		Monre	(Stote)
23. FUNERAL DIRECTOR		ADDRES				D BY REGIST		GISTRAR'S S	Mary .	and
Heched?	Singleton	Glan I	Rurnie	Mo				athur :	8 House	



ŀ	IE	A	LT	H	
in S. TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please	execute the certificate, writing the ward "pending" in pending them 18. Give Poges 1, 2, and 3 to the funeral director. Page	1 4 shauld be I reded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained our files.	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Bo of Health.	or its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours after death.	

		MEDICAL EXAMINER'S	CEPTIFICATE OF DEATH
		1/70	Reg, Dist. No.
	1. 6	ANHA Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE MARY 3 h d b. COUNTY BATO
	3	CITY OR TOWN (If outside corporate limits, write SURAL and give nearest town) Of Highway	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d	. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS CON A FARM? +20 N, Green St. e. IS RESIDENCE ON A FARM? YES NO
	(NAME OF PICEASED Type or print) W	Jest 4. DATE Month Doy Year OF DEATH 2 12 1959
	5. 5	ex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years lost birthday) 5 yrs. Months Days Hours Min.
	d	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTION of working life, even if retired) Lander to Construction	MARY land U.S.A.
		ISAAC teat	MAY & & KYET MURLE
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN no. of unknown) (If yes, give wor or dates of service) 2.20-03-0634	Paryonet White, Baltimore, nd.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (b) Authorized	tusins. Crusted skull. INTERVALETY ONSET AND DEATH
	No	(a), stating the underlying DUE TO (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING CAUSE OF DEATH.	YES NO noter noture of injury in Port 1 or Part 11 of item 18.)
2	MEDICAL	Hour a m While Not while C facto	CE OF INJURY (Home, form. 201. (City or town) (County) (State) ry, street, office bidg., etc.) Rt 301+ Strum Run Rd & a 4. md
		21. I certify that I taak charge af the remains described obor opinion death resulted fram: Natural causes . Accident	ve, held an Autapsy , Inspection , Inquiry , and in my
		ACTUAL ENGLY H. Wilson	_M.D. CHIEF MEDICAL EXAMINER \ \ ASSISTANT MEDICAL EXAMINER \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER
		BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 2/16/59 Loulatour	cen Carmedal, md,
	23.	uner Dolliell, Easton,	MA, DATE FEB 2 4 '59 24b. REGISTRAK'S SIGNATURE CArthur S. Kraufs

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funeral director, Id be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DICTOR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should the properties of the burial-transit permit. Then please remove corban papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hour offer death.

VS A15 (4) 15M 10/57

		1468	CERTIFI	CAII	OF DEAL			Reg. D	st. No.		
1. PLACE OF DEATH o. COUNTY Anne Arur			MARYLAI		USUAL RESIDENCE (Vo. STATE Maryland	Where decease	d lived. If instituti b. COUNTY BALTI				sion)
b. CITY OR TOWN RURAL ond give of Crownsvi			LENGTH OF STAY IN Lyr. Lmo. 2		c. CITY OR TOWN (I Baltin	f outside corpo	orole limits, write R	URAL ond	give nec	arest tow	n)
OR INSTITUTION	TAL (If not in hospital, Le State H		ess)		678 Bradl	ey Str	eet			ON A	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Wo.	braham	Middle		Toliver	4. DATE OF DEATH	Mor 2	nth	Do 3		Year 1959
5. SEX Male	Negro	WIDOWED [2	1902		9. AGE (In years lost bythday) 50 yrs.	Months	Days	IF UND Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATI during most of wo Worked for	rking lite, even it retire	done 10b. KINE	OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Sto		ountry)		U.S.		COUNTRY
13. FATHER'S NAME John To	oliver			34	MOTHER'S MAIDEN	NAME					
15. WAS DECEASED EV (Yes, no, or unknown) Yes Dis	ER IN U. S. ARMED FO (If yes, give war or doles of charged: 191	service)	14-6576	17. INFOR	MANT Spital Ked	ords	Add	ress			
PART I. DE Conditions, if gove rise to couse (o), stoting lying couse lost	ony, which	Paral Embol Cardi	ytic lleus ia and Thi ac failur ovascular	rombo e ass Dise	ociated w	itn Arı	erioscle		3	PERFC	
20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJU Hour o. m.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) MY Month, Day, Yo	ear 20d. INJUR		e. PLACE (DF INJURY (Home, fo street, office bldg., e	rm, 20f. (City		(County)		(Stote)
21. I certify find alive an	ionel McHen	1959 Eury 1 Mapp	rom 12/6 And/that de		. 1957 , to 2 curred at 451 Crownsvil	ADDRESS (S Le Sta	n the causes of treet, city or town, te Hospi	and on to store) tal, M	he da	te stat	ed above ATE SIGNED / 4/59
SEMOVAL (Specify	2/9/5	9 1	Balto Ma	teor	ral	Ba.	ltimor	STRAR'S SI	nol GNATUI		ie)
Phan Oos R	four &	19 97	antison.	19	DATE F	R 1 0 '50		, ,			

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	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution: Recidence before admission) a. STATE b. COUNTY
b. CITY OR TOWAL (If outside corporate limits, write C. LENGTH OF STAY I RURAL and give hearest town)	N 1b c. CITY-OR TOWN (If outside corporate limits, write RUSAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO.
(Type or print) Margaret	Soohey 4. DATE Month Day Year OF DEATH 2 - 18 1959
Temule White YWIDOWED DIVORCED	Clug 284/870 80 yrs. Months Days Hours Min.
House Wife Home	Greland M. S.A.
John Courtney	14. MOTHER'S MAIDEN NAME Unbnown
[Yes no or unknown] [If yes, give wor or dates of service]	Mis John J. Lausch (2)
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) THE STREET	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which) (b) While Res	mistore infeation 3 days
lying couse last. DUE TO (c) CPN: BALES	id schoosis
O COLONIA COLO	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 While Not while of work of work	Oe. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State)
The life to	leath occurred at 1407 M, from the causes and on the date stated above.
SIGNATURE Tolotte De 6 Clas	M.D. 45 Frankling St. Americal Har 278
PHYSICIAN'S NAME (Type)	
220. RURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME/OF CEMEN FLY 21-59 St. GO	ERY OR CREMATORY 22d LOCATION (City, town, or county) 9 (State) 4.
FUNERAL DIRECTOR'S SIGNATURE Ly Suss Choress La	boles Mel 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE
	D. CITY OR TOWNHIF outside corporate limits, write b. CITY OR TOWNHIF outside corporate limits, write d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. NAME OF HOSPITAL (If not in hospital, give street oddress) 3. NAME OF DECEASED [Type or print] 3. NAME OF DECEASED [Type or print] 10. USUAL OCCUPATION (Give kind of work done of tworking life, even if retired) 10. USUAL OCCUPATION (Give kind of work done of tworking life, even if retired) 11. FATHER'S NAME

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIEICATE OF DEATH

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		479	CERTIFIC	All	E OF DEATI			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY Anne Arund	.el		MARYLAND		USUAL RESIDENCE (W o. STATE Maryland	here decease	b. COUNTY	on: Reside	~ .		ision)
RURAL and give n	If outside corporate limeorest town)	nits, write	c. LENGTH OF STAY IN 16		B ltimore	outside corpo	40.			arest tow	m)
OR INSTITUTION	TAL (If not in hospital, e State Ho		oddress)		d. STREET ADDRESS	Jen K	3	VOI	- 4	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fi	iolet	Middle		Trusty	4. DATE OF DEATH	Mon 2	th	9		Yeor 59
5. SEX remale	6. COLOR OR RACE Negro	7. MARK	RIED NEVER MARRIED DIVORCED DIVORCED	1	ATE OF BIRTH		9. AGE (In years lost birthdoy) 56? yrs.	IF UNDE Months	R 1 YEAR Days	IF UND Hours	ER 24 HRS.
10a. USUAL OCCUPATION during most of work Domestic	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	USTRY	11. BIRTHPLACE (Stote		ountry)	12. CI		A.	T COUNTRY
13. FATHER'S NAME Unkriow	n			14	Unknown	NAME					
1S. WAS DECEASED EVE (Yes. no. or unknown) Unknown	ER IN U. S. ARMED FO [If yes, give wor or dates of				rmant pital Reco	rds	Addi	ress			
	ATH [Enter only one c ATH WAS CAUSED BY: IMMEDIATE CAUSE (ne for (o), (b), ond (c).} Acute Dilata	tio	n of Stomac	h					ETWEEN DEATH
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	the <u>under-</u>	b) Ca	rcinoma of Amp	ou L	la of Vater						
CATE	-		CONTRIBUTING TO DEATH BU	T NO1	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY DRMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (E	nter nature of injury in	Port 1 or Port	II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Ye	While of wor	Not while ft	LACE octory,	OF INJURY (Home, farm, street, office bldg., etc	n, 20f. (City	or town)		(County)		(Stote)
ACTUAL ADI	ionel McHe	12 12 mg/	59 A, and that deat	h ac	Crowneril	le Sta	the causes of reet, city or town, the Hospi	nd an i	the da	te stat	deceased abave ATE SIGNE: 2/9/59
220. BURIAL, CREMATIO REMOVAL, (Specify)		DF 1/95	122c. NAME OF CEMETERY OF	OR CR	EMATORY	22d. LOCAT	ION (City, town, o	or county)	nd.	(Sto	te)
23. FUNERAL DIRECTOR	'S SIGNATURE	19	ADDRESS	7		D BY REGIST	RAR 24b. REGIS	TRAR'S SI	IGNATUI	₹E	

VS A15 (4) 15M 10/57

. . dl. letters of place if lyant out Burial Feb 12th 1997 mt calvary raigh L. Re. 23 1822 With and

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FOR ST HEALTH	DEPT.
f any delay is necessary, please to the funeral directar. Page by be retained, our files, lith the State Be of Health, s after death.	00
d within 24 hours offer death. 18. Give Pages 1, 2, and 3 and 3 with farm PM3. Page 5 my permit. File pages 1 and 2 wand in any event within 72 hour	1
This certificate should be execute ward "pending" in pencil in the Madical Examiner's Office of outdoes used as a byrial-transil, burial, cremotion, ar removal, c	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please Execute the cartificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Hands A should be to fine the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained the page 3 should be used as a buriot-transity permit. File pages 1 and 2 with the State 8. To Health, I was a risk about of pencil to remark on in any event within 72 hours after death.	, ,

VS. A15ME 5M 2/57

MARYLAND ST	ATE DEPARTME	NT OF HEALTH-	-BALTIMORE,	18
MEDICAL 1/80	EXAMINER'S	CERTIFICATE	OF DEATH	R

7/90	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY A RICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY ARCO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest fown)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Saverna Park 25.4rs	x Farleigh. Hyhts.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	16. STREET ADDRESS ON A FARM? YES P NO D
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) JAMES ME/V/77 WO	16ec/C OF DEATH 2 12 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. 101 30 - 1844 975. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during mast of warking life, even if refired) FOULTY FATTHER	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Has ford Co. 7Md US 9
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Adam G Walteck	Cora Delevett
15. WAS DECEASED EVER INVU. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 In the second of service	FORMANT, Address Address Javenia Park med
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL OCTWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Celleonary des	ONSET AND DEATH
4201 DUE TO	
Conditions, if ony, which)	
gove rise to immediate couse	
(c), stating the underlying couse fast.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO
	nter noture of injury in Part I ar Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 1201. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor white Not white of work of work of the process of t	ory, street, affice bldg., etc.)
21. I certify that I took charge of the remains described about	ve, held on Autopsy , Inspection . Inquiry , and in my
opinion deoth resolted from: Notural couses . Accident	, Suicide , Homicide . Undetermined monner
SIGNATURE & Muchaelt	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S E. LINDARdt	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER
720. BURIAL CREMATION. 72b. DATE THEREOF 22c. NAME OF CEMETERY OR BLOCK OF A PORT OF COMMENTS OF CEMETERY OR PROVIDE THE PROPERTY OF THE PROPE	CREMATORY 22d. LOCATION (City, town, or county) +/c1 (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
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	District some to			
	A STATE OF THE STA		The Land	

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the cartificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be included to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained. Tour files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages formed with the State 80... of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 148 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1401	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY A. CO . MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (II outside corporate limits, write RURAL ond give negres) town) C. LENGTH OF STAY IN 16	c. CITY OBJOWN (If outside corporate limits, write RURAL and give nearest town) X WILL - Pure Full Lucur
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	By 408 Seulen PK. 15 RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) Nettle . B	White of DEATH Day Year 19 5
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	1. DATE OF BIRTH 12-31-18-3 9. AGE (In years low birthday) 12-31-18-3 9. AGE (In years low birthday) Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during past of working life, even if retired)	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Glason Brown	14. MOTTER'S MAIDEN NAME Charlatte Brown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [It yes, give wor or dates of service]	Theohore While feneralk
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	disease Justin
Conditions, if any, which (b)	
gave rise to immediate cause (o), sloting the underlying cause lost. DUE TO (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	inter noture of injury in Port I ar Port II af item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE While Not while at work at work at work	CE OF INJURY (Hame, form. 20f. (City or tawn) (Caunty) (State) ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo apinion death resulted from: Natural causes Accident	ve, held an Autopsy, Inspection, Inquiry, and in my, Suicide, Hamicide, Undetermined manner
ACTUAL SIGNATURE UNIVERS	M.D. CHIEF MEDICAL EXAMINER D
EXAMINER'S E. L. NASKOR	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BREMOVAL (Specify) 3-1-59 CATBENTE	CREMATORY HILL 22d LOCATION (City, lown, or county) OS HILL JONES - A.A. CO. M. d.
23. EUNERAL DIRECTOR'S SIGNATURE CHAPLES E. HICKS HANNA	1, Md 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE LATEMAR 2 '59 Chilung S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-SAUTHORE TO A SEATH OF STATE OF DEATH

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ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18

CERTIFICATE OF DEATH

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24b. REGISTRAR'S SIGNATURE Carthur S. Hraus

240. REC'D BY REGISTRAR
DATE FEB 1 7 '59

	148	2	CERT	IFICA	AIE OF DEATH			Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY Anne Arunde	1		MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased	b. COUNTY		nce befa	re admis	sion)
b. CITY OR TOWN (I RURAL ond give no Crownsville		ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (If or	utside corpo	rote limits, write R	URAL ond	give nec		n) , 2
d. NAME OF HOSPIT OR INSTITUTION Crownsville	AL (If not in hospital, o				d. STREET ADDRESS 179 W. All	Saint	s Street			ON /	SIDENCE A FARM? NO 1
3. NAME OF DECEASED (Type or print)	Fit M	ary	Middle		williams	4. DATE OF DEATH	Mon	2	Do	3	Year 19 59
5. SEX Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI		B. DATE OF BIRTH		9. AGE (In years last hirthday) 67 yrs.	Months	Doys .	IF UND Hours	ER 24 HPS. Min.
10a. USUAL OCCUPATION during most of wor Unknown	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS O	OR INDU	STRY 11. BIRTHPLACE (Stole of Unknown		ountry)	12. CI		F WHA	T COUNTRY?
13. FATHER'S NAME UNKNOWN					14. MOTHER'S MAIDEN N	AME				•	
15. WAS DECEASED EVE (Yes, no. or unknown) Unknown	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO Unknown		informant ospital Kecord	is	Add	ress	33		
PART 1. DEA 422, Canditians, if o gove rise to i cause (o), stating lying couse last.	mmediate (Arte	Congestive	е Не	art Failure Cardiovascula	r Dise	e.se				ETWEEN D DEATH
200. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH	1			T NOT RELATED TO THE TERMIN			VEN IN PA	RT 1(o) 1	PERF	AUTOPSY ORMED?
20c, TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER) Y Month, Day, Ye	20d. II While of wor	NJURY OCCURRED Not while k ot work	20e. Pl	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.	20f. (City	or town)		(County)		(Stote)
21. I certify the alive an _2/	to half	deceas 195	ed from 1/2 9 and that		accurred at 4:42A	ADDRESS (SI	n the causes o	and an i	the da	te stat	deceased ted above DATE SIGNED 2/10/59
PHYSICIAN'S L.	ionel Moner	nry M	app, M. U.		Crownsvil	le Sta	ate Hospi	tal,	Md.	2	2/10/59
220. BURIAL, CREMATIC)F	22c. NAME OF CEM	ETERY C	OR CREMATORY	22d. LOCAT	ION (City, toyn,	or county)	10	/ (Sto	te)

VS A15 (4) 15M 10/57 23. FUNERAL DIRECTOR'S SIGNATURE

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	word next with the transfer of the same of
	SHOWER SECTIONS AND ADDRESS OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY Q., STATE b. COUNTY Heolth, MARYLAND Anne Arunde b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 40 Brooklyn vear d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE retained re State Bu Riverside Road YES NO TY 3. NAME OF Middle 4. DATE Month Lost Yeor DECEASED (Type or print) William DEATH offer o E. Wolfe 19 February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE Iln years IF UNDER TYEAR IF UNDER 24 HRS may last birthday) Months Hours WIDOWED DIVORCED SO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Poge ! 72 during most of working life, even if retired) Retired Telegraph Operator Johnstown. Penn. poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph E. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ilf yes, give war or dates of service) 216 Riverside Ed. Brooklyn rs Myra Reilly Miece INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY General Arteriosclerosis 0 IMMEDIATE CAUSE (o) buriol-tronsit 50.0 Office DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stoting the underlying couse lost. 0 Exo PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY used 0 PERFORMED? Medical NO TO pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | should 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while of work of work p. m. 21. I certify that (took charge of the remains described obove, held an Autopsy ... Inspection T. and in my OR rded opinion death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined monner designated ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) ustave H. DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 0 rancova 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. AISME DATE 9 arthur & Heart 5M 2/57

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